

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26031 (5)**

1. Corporation Name
EAGLE AMERICAN INSURANCE COMPANY

pg. 1 of 2



Principal Place of Business: **580 WALNUT STREET CINCINNATI OH 45202**
Mailing Address: **580 WALNUT STREET CINCINNATI OH 45202**

3. Date Incorporated or Qualified: **09/11/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **31-1209419**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. # etc.: 27 City & State: 28 Zip: 29 Country: 30
9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and contact info. DATE: (Print) Registered Agent's name and address (if changed)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LINDNER, CARL H., III	
STREET ADDRESS	580 WALNUT STREET	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	LARSON, DONALD D	
STREET ADDRESS	580 WALNUT STREET	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	ROSEN, EVE CUTLER	
STREET ADDRESS	580 WALNUT STREET	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	AVPS	<input type="checkbox"/> DELETE
NAME	HAYES, RONALD C.	
STREET ADDRESS	580 WALNUT ST	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RUNK, FRED J	
STREET ADDRESS	1 EAST FOURTH ST	
CITY- ST- ZIP	CINCINNATI OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (SEE ATTACHED FOR COMPLETE OFFICERS & DIRECTORS LIST)

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DIRECTOR
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eve Cutler Rosen* 4/5/96 513-369-5013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THE CHIEF OF BUREAU, VICE PRESIDENT, ASST. SECRETARY

CR2E034 (12/95)

EAGLE AMERICAN INSURANCE COMPANY

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OFFICERS AND DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	
Robert F. Amory	Director/Sr. Vice President/Treasurer	580 Walnut Street	Cincinnati, OH 45202
Thomas A. Hayes	Director	580 Walnut Street	Cincinnati, OH 45202
Karen Holley Horrell	Director/Sr. Vice President/General Counsel/Secretary	580 Walnut Street	Cincinnati, OH 45202
Donald D. Larson	Director	580 Walnut Street	Cincinnati, OH 45202
Carl H. Lindner III	Director/Chairman/ President	580 Walnut Street	Cincinnati, OH 45202
S. Craig Lindner	Director	One East 4th Street	Cincinnati, OH 45202
Jerry T. Shroat	Director/Sr. Vice President	580 Walnut Street	Cincinnati, OH 45202
John L. Doellman	Vice President/ Actuary	580 Walnut Street	Cincinnati, OH 45202
Allen F. Eling	Vice President	580 Walnut Street	Cincinnati, OH 45202
Eve Cutler Rosen	Vice President/ Asst. Secretary	580 Walnut Street	Cincinnati, OH 45202
Michael J. Schulze	Vice President	580 Walnut Street	Cincinnati, OH 45202
Roger Smith	Vice President	580 Walnut Street	Cincinnati, OH 45202
Kathleen Brown	Asst. Vice President	One East 4th Street	Cincinnati, OH 45202
Ronald C. Hayes	Asst. Vice President/ Asst. Secretary	580 Walnut Street	Cincinnati, OH 45202
Thomas E. Mischell	Asst. Treasurer	One East 4th Street	Cincinnati, OH 45202
Fred J. Runk	Asst. Treasurer	One East 4th Street	Cincinnati, OH 45202