


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26031 (5)
 1. Corporation Name
EAGLE AMERICAN INSURANCE COMPANY



Principal Place of Business 580 WALNUT STREET CINCINNATI OH 45202	Mailing Address 580 WALNUT STREET CINCINNATI OH 45202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1989	
21 Suite, Apt. #, etc	22 City & State	25 Suite, Apt. #, etc	26 City & State	4. FEI Number 31-1209419	Applied For Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City		FL		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent next title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDNER, CARL H., III	1.2 NAME	(SEE ATTACHED FOR COMPLETE OFFICER & DIRECTOR LIST)
STREET ADDRESS	580 WALNUT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, DONALD D	2.2 NAME	
STREET ADDRESS	580 WALNUT STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, EVE CUTLER	3.2 NAME	
STREET ADDRESS	580 WALNUT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	AVPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, RONALD C.	4.2 NAME	
STREET ADDRESS	580 WALNUT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNK, FRED J	5.2 NAME	
STREET ADDRESS	1 EAST FOURTH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

EVE CUTLER ROSEN, VICE PRESIDENT
 SIGNATURE: *Eve Cutler Rosen* **3/10/98** **513-369-5013**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0600804

CR2E034 (10/97)

EAGLE AMERICAN INSURANCE COMPANY**OFFICERS AND DIRECTORS**

NAME	TITLE	ADDRESS
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, Vice President, General Counsel & Secretary	580 Walnut Street Cincinnati, Ohio 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 & Vice Chairman	One East 4 th Street Cincinnati, OH 45202
John R. Miner	Director & Sr. Vice President	49 East 4 th 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 & Assistant Secretary	580 Walnut Street Cincinnati, OH 45202
Roger Smith	Vice President & Controller	580 Walnut Street Cincinnati, OH 45202
Kathleen Brown	Assistant Vice President	One East 4 th Street Cincinnati, OH 45202
Ronald C. Hayes	Assistant Vice President & Assistant Secretary	580 Walnut Street Cincinnati, OH 45202
Robert H. Schwartz	Assistant Vice President & Assistant Controller	580 Walnut Street Cincinnati, OH 45202
Robert J. Schweikert	Assistant Vice President & Assistant Treasurer	580 Walnut Street Cincinnati, OH 45202
Thomas E. Mischell	Assistant Treasurer	One East 4 th Street Cincinnati, OH 45202
Fred J. Runk	Assistant Treasurer	One East 4 th Street Cincinnati, OH 45202