

1.) CORPORATION NAME:

AMERICAN PREMIER UNDERWRITERS, INC.

DUE DATE: **12/30/2010**

SCC ID NO: **F0343303**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREF	23,090,274

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE EAST 4TH ST

CITY/ST/ZIP: CINCINNATI, OH 45202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES E EVANS
TITLE: PRESIDENT
ADDRESS: ONE EAST FOURTH ST
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: THOMAS E MISHELL
TITLE: SR VP-TAXES
ADDRESS: ONE EAST FOURTH ST
8TH FLOOR
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: DAVID J WITZGALL
TITLE: VP/T
ADDRESS: 580 WALNUT ST
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: KEITH A JENSEN
TITLE: SVP
ADDRESS: 580 WALNUT ST
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: KARL J. GRAFE
TITLE: S/VP/AGC
ADDRESS: ONE EAST FOURTH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

OFFICER

DIRECTOR

NAME: H. KIM BAIRD TITLE: VP-Taxes ADDRESS: ONE EAST FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KATHLEEN J. BROWN TITLE: VP-Taxes ADDRESS: ONE EAST FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: EARL J. IMHOFF TITLE: VP/AGC ADDRESS: 49 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: VITO C. PERAINO TITLE: VP/GC ADDRESS: 49 E. FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT H. RUFFING TITLE: VP/Controller ADDRESS: 580 WALNUT STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOSEPH D. STELZER TITLE: VICE PRESIDENT ADDRESS: 580 WALNUT STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAY P. GOHMAN TITLE: ASST SECRETARY ADDRESS: ONE EAST FOURTH STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ THOMAS E MISCHELL _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS E MISCHELL, SR VP- TAXES _____ PRINTED NAME AND CORPORATE TITLE
11/29/2010 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	