

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P07294 (2)**  
1. Corporation Name  
**UNITED CASUALTY INSURANCE COMPANY OF AMERICA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**ONE EAST WACKER DRIVE CHICAGO IL 60601** **ONE EAST WACKER DRIVE CHICAGO IL 60601**

3. Date Incorporated or Qualified **09/03/1985** 3a. Date of Last Report **04/26/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. **1313** 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **23-1614367** 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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FLORIDA INSURANCE COMMISSIONER  
THE CAPITAL  
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 and fee if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEROME, JERROLD V.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE EAST WACKER DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DC</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIE, RICHARD C.</b>	2.2 NAME	
STREET ADDRESS	<b>ONE EAST WACKER DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VSD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALONEY, THOMAS H.</b>	3.2 NAME	
STREET ADDRESS	<b>ONE EAST WACKER DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENGSTON, DAVID F.</b>	4.2 NAME	
STREET ADDRESS	<b>ONE EAST WACKER DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLEYER, ROBERT J.</b>	5.2 NAME	
STREET ADDRESS	<b>ONE EAST WACKER DRIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREER, ROBERT S., JR.</b>	6.2 NAME	
STREET ADDRESS	<b>ONE EAST WACKER DRIVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LOS ANGELES CA</b>	6.4 CITY - ST - ZIP	<b>CHICAGO, IL</b>

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 contained 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: **ROBERT J. SCHLEYER** 4/20/95 (312)-661-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #