

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **ONE EAST WACKER DRIVE 1313 CHICAGO IL 60601 US**
Mailing Address: **ONE EAST WACKER DRIVE CHICAGO IL 60601**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City, Zip, and Country.

3. Date Incorporated or Qualified: **09/03/1985**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **23-1614367**
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

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301**

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

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

Signature, typed or printed name of registered agent and the filer (applicant)

(NOTE: Registered Agent signature is not required)

DATE

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

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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: *Steven J. Horn* STEVEN J. HORN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (312)-661-4500
Date Date Filed

CR2E034 (12/95)