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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 60601-1802

3. Date Incorporated or Qualified: 09/03/1985
3a. Date of Last Report: 03/29/1996
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

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

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
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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: D	JEROME, JERROLD V.	<input type="checkbox"/> DELETE
STREET ADDRESS: ONE EAST WACKER DRIVE	CHICAGO IL	
CITY - ST - ZIP:		
TITLE: DC	VIE, RICHARD C.	<input type="checkbox"/> DELETE
STREET ADDRESS: ONE EAST WACKER DRIVE	CHICAGO IL	
CITY - ST - ZIP:		
TITLE: VSD	MALONEY, THOMAS H.	<input type="checkbox"/> DELETE
STREET ADDRESS: ONE EAST WACKER DRIVE	CHICAGO IL	
CITY - ST - ZIP:		
TITLE: D	BENGSTON, DAVID F.	<input type="checkbox"/> DELETE
STREET ADDRESS: ONE EAST WACKER DRIVE	CHICAGO IL	
CITY - ST - ZIP:		
TITLE: PD	SCHLEYER, ROBERT J.	<input type="checkbox"/> DELETE
STREET ADDRESS: ONE EAST WACKER DRIVE	CHICAGO IL	
CITY - ST - ZIP:		
TITLE: VD	HORN, STEVEN J	<input type="checkbox"/> DELETE
STREET ADDRESS: ONE EAST WACKER DRIVE	CHICAGO IL	
CITY - ST - ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: DRAUT, ERIC J.	
1.3 STREET ADDRESS: ONE EAST WACKER DRIVE	
1.4 CITY - ST - ZIP: CHICAGO, IL 60601	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY - ST - ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY - ST - ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY - ST - ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY - ST - ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY - ST - ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (312) 661-4972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (9/96)