

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

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Mar 05 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1985	
21		26		4. FEI Number 23-1614367	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24	25	29	30		
Zip		Zip			
Country		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
				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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAUT ERIC J	1.2 NAME	ERIC JOHN DRAUT
STREET ADDRESS	ONE EAST WACKER DR	1.3 STREET ADDRESS	ONE EAST WACKER DRIVE
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIE, RICHARD C.	2.2 NAME	THOMAS DAVID MYERS
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 60601
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	SV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, THOMAS H.	3.2 NAME	MICHAEL HALL SIMS
STREET ADDRESS	ONE EAST WACKER DRIVE	3.3 STREET ADDRESS	ONE EAST WACKER DRIVE
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENGSTON, DAVID F.	4.2 NAME	JOHN JOSEPH MC CLORY
STREET ADDRESS	ONE EAST WACKER DRIVE	4.3 STREET ADDRESS	ONE EAST WACKER DRIVE
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLEYER, ROBERT J.	5.2 NAME	DONALD GENE SOUTHWELL
STREET ADDRESS	ONE EAST WACKER DRIVE	5.3 STREET ADDRESS	ONE EAST WACKER DRIVE
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HORN, STEVEN J	6.2 NAME	
STREET ADDRESS	ONE EAST WACKER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	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)(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: *Thomas David Myers* **THOMAS DAVID MYERS** 2/23/98 (312) 661-4600

CP2E034 (10/97)