

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90036 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P07294

1. Corporation Name
UNITED CASUALTY INSURANCE COMPANY OF AMERICA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ONE EAST WACKER DRIVE
1313
CHICAGO IL 60601
US

Mailing Address
ONE EAST WACKER DRIVE
CHICAGO IL 60601

3. Date Incorporated or Qualified
09/03/1985

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
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 owes the current year Intangible Personal Property Tax. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | S/D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DRAUT ERIC J | 1.2 NAME | GRIDER, PATRICIA GEORGIA |
| STREET ADDRESS | ONE EAST WACKER DR | 1.3 STREET ADDRESS | ONE EAST WACKER DRIVE |
| CITY-ST-ZIP | CHICAGO IL 60601 | 1.4 CITY-ST-ZIP | CHICAGO, IL 60601 |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MYERS, THOMAS DAVID | 2.2 NAME | COLLINS, JAMES JOSEPH |
| STREET ADDRESS | ONE EAST WACHER DRIVE | 2.3 STREET ADDRESS | ONE EAST WACKER DRIVE |
| CITY-ST-ZIP | CHICAGO IL 60601 | 2.4 CITY-ST-ZIP | CHICAGO, IL 60601 |
| TITLE | VSD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MALONEY, THOMAS H. | 3.2 NAME | RENWICK, SCOTT (N.M.I.) |
| 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 | V <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCLORY, JOHN JOSEPH | 4.2 NAME | FITZPATRICK, SAMUEL LEWIS |
| STREET ADDRESS | ONE EAST WACKER DRIVE | 4.3 STREET ADDRESS | ONE EAST WACKER DRIVE |
| CITY-ST-ZIP | CHICAGO IL 60601 | 4.4 CITY-ST-ZIP | CHICAGO, IL 60601 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SOUTHWELL, DONALD GENE | 5.2 NAME | SOUTHWELL, DONALD GENE |
| STREET ADDRESS | ONE EAST WACKER DRIVE | 5.3 STREET ADDRESS | ONE EAST WACKER DRIVE |
| CITY-ST-ZIP | CHICAGO IL 60601 | 5.4 CITY-ST-ZIP | CHICAGO, IL 60601 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE: *Tom Myers* SIGNATURE REQUIRED **THOMAS DAVID MYERS** Date _____ (312) 661-4631 Daytime Phone # _____

CR2E034 (1/198)