

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07294

1. Entity Name

UNITED CASUALTY INSURANCE COMPANY OF AMERICA

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90018 039 ***150.00

Principal Place of Business ONE EAST WACKER DRIVE 1313 CHICAGO IL 60601 US	Mailing Address ONE EAST WACKER DRIVE CHICAGO IL 60601-1802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-1614367	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DRAUT ERIC J	
STREET ADDRESS	ONE EAST WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	T	<input type="checkbox"/> Delete
NAME	MYERS, THOMAS DAVID	
STREET ADDRESS	ONE EAST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GRIDER, PATRICIA G	
STREET ADDRESS	ONE EAST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLLINS, JAMES J	
STREET ADDRESS	ONE EAST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUTHWELL, DONALD GENE	
STREET ADDRESS	ONE EAST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENWICK, SCOTT	
STREET ADDRESS	ONE EAST WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENGSTON, DAVID FREDERICK		
STREET ADDRESS	ONE EAST WACKER DRIVE		
CITY-ST-ZIP	CHICAGO, IL60601		
TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FITZPATRICK, SAMUEL LEWIS		
STREET ADDRESS	ONE EAST WACKER DRIVE		
CITY-ST-ZIP	CHICAGO, IL 60601		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VIE, RICHARD CARL		
STREET ADDRESS	ONE EAST WACKER DRIVE		
CITY-ST-ZIP	CHICAGO, IL 60501		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, JAMES J		
STREET ADDRESS	ONE EAST WACKER DRIVE		
CITY-ST-ZIP	CHICAGO, IL 60601		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas David Myers* **THOMAS DAVID MYERS** **3/31/00** **(312) 661-4631**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)