


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P07294	
1. Entity Name UNITED CASUALTY INSURANCE COMPANY OF AMERICA	

Principal Place of Business ONE EAST WACKER DRIVE 1313 CHICAGO, IL 60601 US	Mailing Address 12115 LACKLAND RD SAINT LOUIS, MO 63146
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAUT ERIC J ONE EAST WACKER DR CHIAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MYERS, THOMAS DAVID 12115 LACKLAND RD SAINT LOUIS, MO 63146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CAMILLO, JOHN R 12115 LACKLAND RD SAINT LOUIS, MO 63146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, JAMES J 231 W LOCKWOOD AVE WEBSTER GROVES, MO 63119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHWELL, DONALD GENE ONE EAST WACKER DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENGSTON, DAVID F ONE EAST WACKER DRIVE CHICAGO, IL 60601

U00000525944
05/04/06-80052-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Camillo John R. Camillo 4-19-06 866-415-0265, x 4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #