


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90048 011 \*\*\*150.00

<b>DOCUMENT # P07294</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRAUT ERIC J		NAME		
STREET ADDRESS	ONE EAST WACKER DR		STREET ADDRESS		
CITY ST ZIP	CHIAGO, IL 60601		CITY ST ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, THOMAS DAVID		NAME		
STREET ADDRESS	12115 LACKLAND RD		STREET ADDRESS		
CITY ST ZIP	SAINT LOUIS, MO 63146		CITY ST ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMILLO, JOHN R		NAME		
STREET ADDRESS	12115 LACKLAND RD		STREET ADDRESS		
CITY ST ZIP	SAINT LOUIS, MO 63146		CITY ST ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, JAMES J		NAME		
STREET ADDRESS	231 W LOCKWOOD AVE		STREET ADDRESS		
CITY ST ZIP	WEBSTER GROVES, MO 63119		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOUTHWELL, DONALD GENE		NAME		
STREET ADDRESS	ONE EAST WACKER DRIVE		STREET ADDRESS		
CITY ST ZIP	CHICAGO, IL 60601		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENGSTON, DAVID F		NAME		
STREET ADDRESS	ONE EAST WACKER DRIVE		STREET ADDRESS		
CITY ST ZIP	CHICAGO, IL 60601		CITY ST ZIP		
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: <u>John R. Camill</u>		Secretary		2-5-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40011916



01302007 Chg-P CR2E034 (12/06)

4. FEI Number  
23-1614367 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMILLO, JOHN R		NAME		
STREET ADDRESS	12115 LACKLAND RD		STREET ADDRESS		
CITY ST ZIP	SAINT LOUIS, MO 63146		CITY ST ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, JAMES J		NAME		
STREET ADDRESS	231 W LOCKWOOD AVE		STREET ADDRESS		
CITY ST ZIP	WEBSTER GROVES, MO 63119		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOUTHWELL, DONALD GENE		NAME		
STREET ADDRESS	ONE EAST WACKER DRIVE		STREET ADDRESS		
CITY ST ZIP	CHICAGO, IL 60601		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENGSTON, DAVID F		NAME		
STREET ADDRESS	ONE EAST WACKER DRIVE		STREET ADDRESS		
CITY ST ZIP	CHICAGO, IL 60601		CITY ST ZIP		

SIGNATURE: John R. Camill Secretary Date: 2-5-07 Daytime Phone #: 314-819-4990

ATTACHMENT

40011916

# 007294

United Casualty Insurance Company of America  
Officers & Directors Continued:

7. D  
Edward J. Konar  
One East Wacker Dr.  
Chicago, IL 60601
8. D  
Richard (NMN) Roeske  
One East Wacker Dr.  
Chicago, IL 60601
9. D  
Don M. Royster, Sr.  
12115 Lackland Rd.  
St. Louis, MO 63146