


**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90039 027 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P07294**

1. Entity Name  
**UNITED CASUALTY INSURANCE COMPANY OF AMERICA**



Principal Place of Business <b>ONE EAST WACKER DRIVE        1313        CHICAGO, IL 60601 US</b>	Mailing Address <b>12115 LACKLAND RD        SAINT LOUIS, MO 63146</b>
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40057674



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
 IN THIS SPACE**

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, 2008 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 CHICAGO, 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 63148 <i>12115 Lackland Rd Saint Louis, MO 63146</i>
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

**DO NOT WRITE  
 IN THIS SPACE**

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: *Thomas Myers* 3/19/08 (314) 819-4666  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #