

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07294

FILED
Apr 09, 2009
Secretary of State

Entity Name: UNITED CASUALTY INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

ONE EAST WACKER DRIVE
1313
CHICAGO, IL 60601 US

New Principal Place of Business:

Current Mailing Address:

12115 LACKLAND RD
SAINT LOUIS, MO 63146

New Mailing Address:

FEI Number: 23-1614367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DRAUT ERIC J
Address: ONE EAST WACKER DR
City-St-Zip: CHIAGO, IL 60601

Title: VT () Delete
Name: MYERS, THOMAS DAVID
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: VS () Delete
Name: CAMILLO, JOHN R
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: PD () Delete
Name: COLLINS, JAMES J
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: D () Delete
Name: SOUTHWELL, DONALD GENE
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: BENGSTON, DAVID F
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. CAMILLO

VS

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date