

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07294

FILED
Apr 12, 2011
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

OFFICERS AND DIRECTORS:

Title: DP
Name: KONAR, EDWARD J
Address: 12115 LACKLAND ROAD
City-St-Zip: ST. LOUIS, MO 63146

Title: VPT
Name: MYERS, THOMAS DAVID
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: S
Name: CAMILLO, JOHN R
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: D
Name: QUAGLIA, DEBORAH L
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: D
Name: BOSCHELLI, JOHN M
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

Title: D
Name: ROESKE, RICHARD
Address: ONE EAST WACKER DRIVE
City-St-Zip: CHICAGO, IL 60601

I hereby 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 all other like empowered.

SIGNATURE: JOHN R. CAMILLO

S

04/12/2011

Electronic Signature of Signing Officer or Director

_____ Date