

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07294

FILED
Jan 28, 2013
Secretary of State
CC3599128159

Entity Name: UNITED CASUALTY INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

ONE EAST WACKER DRIVE
1313
CHICAGO, IL 60601

Current Mailing Address:

12115 LACKLAND RD
SAINT LOUIS, MO 63146

FEI Number: 23-1614367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

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

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

Title TREASURER
Name KAUFMANN, TAL B.
Address 12115 LACKLAND RD
City-State-Zip: SAINT LOUIS MO 63146

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: EDWARD J KONAR

CEO

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date