

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07294

**FILED**  
**Apr 29, 2020**  
**Secretary of State**  
**9440872880CC**

**Entity Name:** UNITED CASUALTY INSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

200 EAST RANDOLPH STREET  
SUITE 3300  
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  
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 DIRECTOR  
Name CRISANTI, THOMAS T  
Address 12115 LACKLAND RD  
City-State-Zip: SAINT LOUIS MO 63146

Title DIRECTOR  
Name BOSCHELLI, JOHN M  
Address 200 EAST RANDOLPH STREET  
SUITE 3300  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name ROESKE, RICHARD  
Address 200 EAST RANDOLPH STREET  
SUITE 3300  
City-State-Zip: CHICAGO IL 60601

Title SENIOR VICE PRESIDENT  
Name SNIDER, SCOTT F  
Address 601 E BRITTON RD  
City-State-Zip: OKLAHOMA CITY OK 73114

Title DIRECTOR  
Name MINDAK, MAXWELL T  
Address 200 EAST RANDOLPH STREET  
SUITE 3300  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name GREEN, MARK  
Address 200 EAST RANDOLPH STREET, SUITE  
3300  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name NEAL, CHERYL  
Address 12115 LACKLAND ROAD  
City-State-Zip: ST. LOUIS MO 63146

Title PRESIDENT  
Name NEAL, CHERYL  
Address 12115 LACKLAND ROAD  
City-State-Zip: ST. LOUIS MO 63146

**Continues on page 2**

*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:** JENNIFER M. KOPPS-WAGNER

**VICE PRESIDENT &  
SECRETARY**

**04/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, SECRETARY  
Name KOPPS-WAGNER, JENNIFER  
Address 200 EAST RANDOLPH STREET, SUITE 3300  
City-State-Zip: CHICAGO IL 60601

Title TREASURER  
Name NORDBY, JANE  
Address 200 EAST RANDOLPH STREET, SUITE  
3300  
City-State-Zip: CHICAGO IL 60601