

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07294

FILED
Apr 25, 2018
Secretary of State
CC6246649285

Entity Name: UNITED CASUALTY INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

ONE EAST WACKER DRIVE
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 SENIOR VICE PRESIDENT
Name CAMILLO, JOHN R
Address 66 SHORE RD
City-State-Zip: MANHASSET NY 11030

Title DIRECTOR
Name CRISANTI, THOMAS T
Address 12115 LACKLAND RD
City-State-Zip: SAINT LOUIS MO 63146

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

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

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

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

Title SENIOR VICE PRESIDENT & CHIEF COMPLIANCE OFFICER
Name CONRAD, KYLE D
Address 601 E BRITTON RD
City-State-Zip: OKLAHOMA CITY OK 73114

Title TREASURER
Name ROBERTS, CLARK H
Address 12926 GRAN BAY PARKWAY WEST
City-State-Zip: JACKSONVILLE FL 32258

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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: KYLE D. CONRAD

SENIOR VICE PRESIDENT 04/25/2018
& CHIEF COMPLIANCE
OFFICER

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MINDAK, MAXWELL T
Address ONE EAST WACKER DRIVE
City-State-Zip: CHICAGO IL 60601

Title CHAIRMAN & PRESIDENT
Name PLAZONY, MICHAEL A.
Address 12115 LACKLAND RD
City-State-Zip: SAINT LOUIS MO 63146

Title DIRECTOR
Name PLAZONY, MICHAEL A.
Address 12115 LACKLAND RD
City-State-Zip: SAINT LOUIS MO 63146