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

SIGNATURE: JENNIFER M. KOPPS-WAGNER Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P07294

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

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US Certificate of Status Desired: No

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

Officer/Director Detail :

	Title	SENIOR VICE PRESIDENT	Title	VP, SECRETARY
	Name	SNIDER, SCOTT F	Name	KOPPS-WAGNER, JENNIFER
	Address	200 EAST RANDOLPH STREET SUITE 3300	Address	200 EAST RANDOLPH STREET, SUITE 3300
	City-State-Zip:	CHICAGO IL 60601	City-State-Zip:	CHICAGO IL 60601
	Title	TREASURER	Title	PRESIDENT
	Name	NORDBY, JANE	Name	TIMMY , STONEHOCKER L.
	Address	200 EAST RANDOLPH STREET, SUITE 3300	Address	200 EAST RANDOLPH STREET SUITE 3300
	City-State-Zip:	CHICAGO IL 60601	City-State-Zip:	CHICAGO IL 60601
	, ,			

above, or on an attachment with all other like empowered. 04/29/2021

SECRETARY

Date

FILED Apr 29, 2021 Secretary of State 5291062486CC

Date