FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:02

DOCUMENT # **813759** **(8)**

1. Corporation Name

IMPERIAL CASUALTY AND INDEMNITY COMPANY

Principal Place of Business	Mailing Address
1905 HARNEY ST. SUITE 300 OMAHA NEBRASKA 68102	1905 HARNEY ST. SUITE 300 OMAHA NEBRASKA 68102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1959
3a. Date of Last Report: 03/01/1994
4. FEI Number: 47-0412734 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAKER, GREG
31 CORDOVA ST
PO DRAWER 1067
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COOK, RICHARD T	1.2 NAME	
STREET ADDRESS	178 W KATHLEEN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKRIDGE IL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WINTERS, STEVEN R	2.2 NAME	
STREET ADDRESS	1421 W. HUTCHINSON	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60613	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	LYMAN, JOHN R	3.2 NAME	Williams, Marsha C
STREET ADDRESS	1048 FOREST AVE.	3.3 STREET ADDRESS	1875 N. Bissell
CITY-ST-ZIP	EVANSTON IL	3.4 CITY-ST-ZIP	Chicago, IL 60610
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	WEHR, JOSEPH	4.2 NAME	Wehr, Joseph
STREET ADDRESS	6335 IZARD	4.3 STREET ADDRESS	19316 Weber Court
CITY-ST-ZIP	OMAHA NE 68106	4.4 CITY-ST-ZIP	Mokena, IL 60448
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	SHARP, BARRY	5.2 NAME	
STREET ADDRESS	3518 4TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COUNCIL BLUFFS IA	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	PD ☒ Change ☐ Addition
NAME	MITILIER, TERRY J	6.2 NAME	Mitilier, Terry J
STREET ADDRESS	1103 S. 66TH ST.	6.3 STREET ADDRESS	1350 N. Lakeshore Drive, APT. 1617S
CITY-ST-ZIP	OMAHA NE 68152	6.4 CITY-ST-ZIP	Chicago, IL 60610

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ B. D. Sharp, Controller February 20, 1995 (4020344-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #