FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name
IMPERIAL CASUALTY AND INDEMNITY COMPANY

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

Mailing Address
1905 HARNEY ST.
SUITE 300
OMAHA NEBRASKA 68102

3. Date Incorporated or Qualified: 07/22/1959
3a. Date of Last Report: 02/28/1995
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
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COOK, RICHARD T	
STREET ADDRESS	178 W KATHLEEN DR	
CITY-ST-ZIP	PARKRIDGE IL	
TITLE	D	☐ DELETE
NAME	WINTERS, STEVEN R	
STREET ADDRESS	1421 W. HUTCHINSON	
CITY-ST-ZIP	CHICAGO IL 60613	
TITLE	D	☐ DELETE
NAME	LYMAN, JOHN R	
STREET ADDRESS	1048 FOREST AVE.	
CITY-ST-ZIP	EVANSTON IL	
TITLE	SD	☒ DELETE
NAME	WEHR, JOSEPH	
STREET ADDRESS	19316 WEBER CT	
CITY-ST-ZIP	MOKENA IL	
TITLE	C	☐ DELETE
NAME	SHARP, BARRY	
STREET ADDRESS	3518 4TH AVENUE	
CITY-ST-ZIP	COUNCIL BLUFFS IA	
TITLE	PD	☒ DELETE
NAME	MITILIER, TERRY J	
STREET ADDRESS	1350 N LAKESHORE DR #1617S	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D	☐ Change ☒ Addition
1 NAME	Williams, Marcha C	
1 STREET ADDRESS	1875 N. Bissell	
1 CITY-ST-ZIP	Chicago, IL 60610	
2 TITLE	SD	☐ Change ☒ Addition
2 NAME	Wehr, Joseph E	
2 STREET ADDRESS	19316 Weber Court	
2 CITY-ST-ZIP	Mokena, IL 60448	
3 TITLE	PD	☐ Change ☒ Addition
3 NAME	Mitilier, Terry J	
3 STREET ADDRESS	1350 N. Lakeshore Dr., Apt. 16175	
3 CITY-ST-ZIP	Chicago, IL 60610	
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: [signature] B. D. Sharp Controller Feb. 15, 1996 (402)344-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #