

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1959

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, RICHARD T	
STREET ADDRESS	178 W KATHLEEN DR	
CITY-ST-ZIP	PARKRIDGE IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINTERS, STEVEN R	
STREET ADDRESS	1421 W. HUTCHINSON	
CITY-ST-ZIP	CHICAGO IL 60613	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYMAN, JOHN R	
STREET ADDRESS	1048 FOREST AVE.	
CITY-ST-ZIP	EVANSTON IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEHR, JOSEPH	
STREET ADDRESS	19316 WEBER CT	
CITY-ST-ZIP	MOKENA IL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SHARP, BARRY	
STREET ADDRESS	3518 4TH AVENUE	
CITY-ST-ZIP	COUNCIL BLUFFS IA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MITLIER, TERRY J	
STREET ADDRESS	1350 N LAKESHORE DR #16175	
CITY-ST-ZIP	CHICAGO IL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Swanson, Ronald A	
1.3 STREET ADDRESS	135 Blackthorn Lane	
1.4 CITY-ST-ZIP	Lake Forest, IL 60045	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hall, Charles L.	
2.3 STREET ADDRESS	1028 Santon	
2.4 CITY-ST-ZIP	Naperville, IL 60540	
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ullerich, Dean W.	
3.3 STREET ADDRESS	6607 Country Club Road	
3.4 CITY-ST-ZIP	Omaha, NE 68152	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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:

February 11, 1998 (402) 344-4500

CR2E034 (10/97)