

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90167 014 ***150.00

DOCUMENT # 813759

1. Corporation Name

IMPERIAL CASUALTY AND INDEMNITY COMPANY

Principal Place of Business

1905 HARNEY ST.
SUITE 900 700
OMAHA NEBRASKA 68102

Mailing Address

1905 HARNEY ST.
SUITE 300- 700
OMAHA NEBRASKA 68102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1959

4. FEI Number

47-0412734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

Suite 700

27

Suite 700

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
SWANSON, RONALD A
135 BLACKTHORN LN
LAKE FOREST IL 60045

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HALL, CHARLES L
1028 SANTON
NAPERVILLE IL 60540

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP
ULLERICH, DEAN W
6607 COUNTRY CLUB RD
OMAHA NE 68152

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
WEHR, JOSEPH
19316 WEBER CT
MOKENA IL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

C
SHARP, BARRY
3518 4TH AVENUE
COUNCIL BLUFFS IA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
MITILIER, TERRY J
1350 N LAKESHORE DR #16175
CHICAGO IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☒ Addition

AS
Sizenbach, Diane L.
4215 S. 175th St.
Omaha, NE 68135

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Dean W. Ullerich, Vice-Pres. 2/15/99 (402)344-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)