

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90001 035 \*\*\*550.00

**DOCUMENT # 813759**

1. Entity Name

**IMPERIAL CASUALTY AND INDEMNITY COMPANY**



Principal Place of Business

Mailing Address

1905 HARNEY ST.  
STE 700  
OMAHA NE 68102

1905 HARNEY ST.  
STE 700  
OMAHA NE 19192-0003

2. Principal Place of Business

3. Mailing Address

c/o Reinsurance Solutions Int'l.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1601 Chestnut Street - TL08A

City & State

City & State  
Philadelphia, PA

4. FEI Number

47-0412734

Applied For

Not Applicable

Zip

Country

Zip

Country

19103

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00063766

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
\*(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWANSON, RONALD A	
STREET ADDRESS	135 BLACKTHORN LN	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, CHARLES L	
STREET ADDRESS	1028 SANTON	
CITY-ST-ZIP	NAPERVILLE IL 60540	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ULLERICH, DEAN W	
STREET ADDRESS	6607 COUNTRY CLUB RD	
CITY-ST-ZIP	OMAHA NE 68152	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEHR, JOSEPH	
STREET ADDRESS	19316 WEBER CT	
CITY-ST-ZIP	MOKENA IL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SIZENBACH, DIANE L	
STREET ADDRESS	4215 S 175TH ST	
CITY-ST-ZIP	OMAHA NE 68135	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MITILIER, TERRY J	
STREET ADDRESS	1350 N LAKESHORE DR #16175	
CITY-ST-ZIP	CHICAGO IL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harr, Lawrence F.	
STREET ADDRESS	9834 Harney Pkwy	
CITY-ST-ZIP	Omaha, NE 68114	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jensen, Rebecca J.	
STREET ADDRESS	70 Twin-Ponds Drive	
CITY-ST-ZIP	Sewell, NJ 08080	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meyer, Jennifer B.	
STREET ADDRESS	403 Talcott Place	
CITY-ST-ZIP	Park Bridge, IL 60068	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	23 Boundry, St. Johns Wood	
CITY-ST-ZIP	London NW8 0JE	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Siebenaler, William J.	
STREET ADDRESS	7337 Kiowa Lane	
CITY-ST-ZIP	Falos Heights, IL 60463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heulitt, Kenneth D.	
STREET ADDRESS	200 East Randolph Drive	
CITY-ST-ZIP	Chicago, IL 60601	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rebecca Jensen*

Rebecca Jensen

6/6/00

Date

215.640.2356

Daytime Phone #

CP2E014 (3/99)