

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813759

1. Entity Name

IMPERIAL CASUALTY AND INDEMNITY COMPANY

Principal Place of Business

1905 HARNEY ST.  
STE 700  
OMAHA NE 68102

Mailing Address

C/O REINSURANCE SOLUTIONS INT'L  
1601 CHESTNUT ST TLO8A  
PHILADELPHIA PA 19103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 47-0412734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 re-instating)

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, 2001 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 ☐ Delete  
NAME HARR, LAWRENCE F  
STREET ADDRESS 9834 HARNEY PKWY  
CITY-ST-ZIP OMAHA NE 68114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HALL, CHARLES L  
STREET ADDRESS 1028 SANTON  
CITY-ST-ZIP NAPERVILLE IL 60540

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME JENSEN, REBECCA J  
STREET ADDRESS 70 TWIN PONDS DR  
CITY-ST-ZIP SEWELL NJ 08080

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9 Crispin Road  
CITY-ST-ZIP Mt. Holly, NJ 08060

TITLE PD ☐ Delete  
NAME WEHR, JOSEPH  
STREET ADDRESS 23 BOUNDRY ST JOHNS WOOD  
CITY-ST-ZIP LONDON, UK NW8- 0JE

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SIEBENALER, WILLIAM J  
STREET ADDRESS 7337 KIOWA LANE  
CITY-ST-ZIP PALOS HEIGHTS IL 60463

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HEULITT, KENNETH D  
STREET ADDRESS 200 E RANDOLPH DR  
CITY-ST-ZIP CHICAGO IL 60601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/16/01

215.640.2356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)