

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

0001230 AV

DOCUMENT # 813759

1. Entity Name
IMPERIAL CASUALTY AND INDEMNITY COMPANY

05-06-2002 90145 003 ***150.00

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
 Suite, Apt. #, etc.

3. Mailing Address
**C/o Reinsurance Solutions International
 Two Logan Square-21st Floor**

DO NOT WRITE IN THIS SPACE

City & State
Philadelphia, PA

4. FEI Number **47-0412734** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country
19103 USA

6. Name and Address of Current Registered Agent
**BAKER, GREG
 31 CORDOVA ST
 PO DRAWER 1067
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D HARR, LAWRENCE F 9834 HARNEY PKWY OMAHA NE 68114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, CHARLES L 1028 SANTON NAPERVILLE IL 60540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brown, Melinda K 1029 S. Grove Ave. Oak Park, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENSEN, REBECCA J 9 CRISPIN ROAD MOUNT HOLLY NJ 08060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEHR, JOSEPH 23 BOUNDRY ST JOHNS WOOD LONDON, UK NW8- 0JE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIEBENALER, WILLIAM J 7337 KIOWA LANE PALOS HEIGHTS IL 60463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEULITT, KENNETH D 200 E RANDOLPH DR CHICAGO IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **REBECCA JENSEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/02** Daytime Phone # **267.675.3326**

CR2E034 (9/01)