

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0001339 AV

DOCUMENT # 813759

1. Entity Name

IMPERIAL CASUALTY AND INDEMNITY COMPANY



04-21-2003 90310 006 ***150.00

Principal Place of Business

1905 HARNEY ST.

STE 700

OMAHA NE 68102

Mailing Address

C/O REINSURANCE SOLUTIONS INT'L

TWO LOGAN SQUARE-21ST FLOOR

PHILADELPHIA PA 19103

US

2. Principal Place of Business

One Liberty Plaza

Suite, Apt. #, etc.

18th Floor

City & State

New York, New York

Zip

10006

Country

3. Mailing Address

C/O Folksamerica Reinsurance Co.

Suite, Apt. #, etc.

One Liberty Plaza, 18 Floor

City & State

New York New York

Zip

10006

Country

4. FEI Number

47-0412734

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete

NAME **D HARR, LAWRENCE F**

STREET ADDRESS **9834 HARNEY PKWY**

CITY-ST-ZIP **OMAHA NE 68114**

TITLE ☒ Delete

NAME **D BROWN, MELINDA K**

STREET ADDRESS **1029 S GROVE AVENUE**

CITY-ST-ZIP **OAK PARK IL**

TITLE ☒ Delete

NAME **SD JENSEN, REBECCA J**

STREET ADDRESS **9 CRISPIN ROAD**

CITY-ST-ZIP **MOUNT HOLLY NJ 08060**

TITLE ☒ Delete

NAME **PD WEHR, JOSEPH**

STREET ADDRESS **23 BOUNDARY ST JOHNS WOOD**

CITY-ST-ZIP **LONDON, UK NW8- 0JE**

TITLE ☒ Delete

NAME **V SIEBENALER, WILLIAM J**

STREET ADDRESS **7337 KIOWA LANE**

CITY-ST-ZIP **PALOS HEIGHTS IL 60463**

TITLE ☒ Delete

NAME **D HEULITT, KENNETH D**

STREET ADDRESS **200 E RANDOLPH DR**

CITY-ST-ZIP **CHICAGO IL 60601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **Steven E. Fass**

STREET ADDRESS **One Liberty Plaza, 19th Floor**

CITY-ST-ZIP **New York, NY 10006**

TITLE ☒ Change ☒ Addition

NAME **EV/CFO Michael E. Tyburski**

STREET ADDRESS **One Liberty Plaza, 19th Floor**

CITY-ST-ZIP **New York, NY 10006**

TITLE ☒ Change ☐ Addition

NAME **SV/GC Donald A. Emeigh, Jr.**

STREET ADDRESS **One Liberty Plaza, 19th. Floor**

CITY-ST-ZIP **New York, NY 10006**

TITLE ☒ Change ☐ Addition

NAME **EV/D Michael E. Maloney**

STREET ADDRESS **One Liberty Plaza, 19th Floor**

CITY-ST-ZIP **New York, NY 10006**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Tyburski

4/15/03

(212) 312-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)