

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006187

FILED
Apr 19, 2011
Secretary of State

Entity Name: UNITED CASUALTY AND SURETY INSURANCE COMPANY

Current Principal Place of Business:

170 MILK STREET
5TH FLOOR
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

170 MILK STREET
5TH FLOOR
BOSTON, MA 02109

New Mailing Address:

FEI Number: 58-1847495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCP
Name: CARRIGAN, TODD S
Address: 96 SIMS ROAD
City-St-Zip: WOLLASTON, MA 02170

Title: VCVF
Name: CARRIGAN, THOMAS P JR
Address: 15 PERRY ROAD
City-St-Zip: WOLLASTON, MA 02170

Title: D
Name: CARRIGAN, CAROL A
Address: 23 PERRY ROAD
City-St-Zip: WOLLASTON, MA 02170

Title: ST
Name: CARRIGAN, TIMOTHY M
Address: 5 PERRY ROAD
City-St-Zip: WOLLASTON, MA 02170

Title: D
Name: DEFRANCESCHI, EDWARD
Address: 323 CLARK ROAD
City-St-Zip: BROOKLINE, MA 02146

Title: D
Name: GLYNN, JOHN B
Address: 27 MYERS FARM ROAD
City-St-Zip: HINGHAM, MA 02043

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY M. CARRIGAN

ST

04/19/2011

Electronic Signature of Signing Officer or Director

Date