## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000003090

Entity Name: UNIVERSAL CASUALTY COMPANY

FILED Aug 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
150 NW POINT BLVD., STE. 200 ELK GROVE VILLAGE, IL 60007				150 NW POINT BLVD., 6TH FL ELK GROVE VILLAGE, IL 60007			
Current Mailing Address:				New Mailing Address:			
150 NW POINT BLVD., STE. 200 ELK GROVE VILLAGE, IL 60007				150 NW POINT BLVD., 6TH FL ELK GROVE VILLAGE, IL 60007			
FEI Number:	36-2126444	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certificate o	of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							ered Agent:
CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 323146200 US  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.							
SIGNATUR		Signature of Registered Agen	+			Dot	<u></u>
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PCEO () E ROMANZ, MARC 150 NW POINT E ELK GROVE VILI	BLVD., STE. 200		Title: Name: Address: City-St-Zip:	WOLLNEY, S 150 NW POIN	X) Change()A COTT D NT BLVD., 6TH F VILLAGE, IL 60	·L
Title: Name: Address: City-St-Zip:	VP () E GULLEY, JAMES 150 NW POINT E ELK GROVE VILI	BLVD., STE. 200		Title: Name: Address: City-St-Zip:	SUERTH, MIC 150 NW POIN	X) Change()A CHAEL IT BLVD., 6TH F VILLAGE, IL 60	·L
Title: Name: Address: City-St-Zip:	VP (X) I LANG, KENT E. 150 NW POINT E ELK GROVE VILI			Title: Name: Address: City-St-Zip:	(	) Change()A	Addition
Title: Name: Address: City-St-Zip:	VP (X) [ LOSEAU, CARY of 150 NW POINT E ELK GROVE VILI	J. BLVD., STE. 200		Title: Name: Address: City-St-Zip:	(	) Change()A	Addition
Title: Name: Address: City-St-Zip:	VP (X) [ MIELOSZYK, JA' 150 NW POINT E ELK GROVE VILI	BLVD., STE. 200		Title: Name: Address: City-St-Zip:	(	)Change()A	Addition
Title: Name: Address: City-St-Zip:	TD (X) I BENOIT, MICHAE 150 NW POINT E	BLVD., STE. 200		Title: Name: Address: City-St-Zin:	(	) Change ( ) A	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SUERTH VPCF 08/28/2009