## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000003017

Entity Name: OLD UNITED CASUALTY COMPANY

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202				8500 SHAWNEE MISSION PKWY STE. 210 MERRIAM, KS 66202		
Current Mailing Address:				New Mailing Address:		
8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202			8500 SHAWNEE MISSION PKWY STE. 210 MERRIAM, KS 66202			
FEI Number: 48-0884451 FEI Number Applied For ( ) FEI Number			mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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						
SIGNATURE:						
		Signature of Registered Agent	<u> </u>		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PDC ()E VAN TUYL, CECH 8500 SHAWNEE MERRIAM, KS 6	MISSION PKWY		Title: Name: Address: City-St-Zip:	DC (X) Change ( ) Addition VAN TUYL, CECIL L 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202	
Title: Name: Address: City-St-Zip:	VD () E MATTOX, DANIEI 8500 SHAWNEE MERRIAM, KS 6	MISSION PKWY		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition MATTOX, DANIEL K 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202	
Title: Name: Address: City-St-Zip:	VD ()E WOODSMALL, P 8500 SHAWNEE MERRIAM, KS 6	MISSION PKWY		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition WOODSMALL, PETE 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202	
Title: Name: Address: City-St-Zip:	VD ()E SEMLER, DOUGI 8500 SHAWNEE MERRIAM, KS 6	MISSION PKWY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TSD ()E HOLCOMB, ROB 8500 SHAWNEE MERRIAM, KS 6	MISSION PKWY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD (X) E KELLEY, TIMOTH 8500 SHAWNEE MERRIAM, KS 6	MISSION PKWY		Title: Name: Address: City-St-Zip:	() Change () 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: ROBERT J. HOLCOMB S 04/10/2009