

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90144 030 ***150.00

DOCUMENT # P24569

1. Entity Name

MIDWEST EMPLOYERS CASUALTY COMPANY

Principal Place of Business

**13801 RIVERPORT DRIVE
 SUITE 200
 MARYLAND HEIGHTS MO 63043-4810**

Mailing Address

**13801 RIVERPORT DRIVE
 SUITE 200
 MARYLAND HEIGHTS MO 63043-4810**

726321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1169435

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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 **VP** ☐ Delete
 NAME **KNOWLING, DONNA L**
 STREET ADDRESS **13801 RIVERPORT DRIVE, STE 200**
 CITY-ST-ZIP **MARYLAND HEIGHTS MO 63043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **LINK, STEVEN J.**
 STREET ADDRESS **13801 RIVERPORT DR, STE 200**
 CITY-ST-ZIP **MARYLAND HEIGHTS MO 63043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **WILLIAM R. BERKLEY**
 STREET ADDRESS **165 MASON ST**
 CITY-ST-ZIP **GREENWICH CT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☒ Delete
 NAME **FOLEY, JAMES M**
 STREET ADDRESS **13801 RIVERPORT DR, STE 200**
 CITY-ST-ZIP **MARYLAND HEIGHTS MO 63043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TCFO** ☐ Delete
 NAME **SHAW, PETER W**
 STREET ADDRESS **13801 RIVERPORT DR STE 200**
 CITY-ST-ZIP **MARYLAND HEIGHTS MO 63043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **SAUNDERS, MELODEE J**
 STREET ADDRESS **13801 RIVERPORT DR, STE 200**
 CITY-ST-ZIP **MARYLAND HEIGHTS MO 63043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED CAMPBELL

Date

1/5/02

Daytime Phone #

314-264-2354

CR2E034 (9/01)