

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90043 045 ***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**

24011006



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1169435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent.

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KNOWLING, DONNA L
STREET ADDRESS	13801 RIVERPORT DRIVE, STE 200
CITY-ST-ZIP	MARYLAND HEIGHTS, MO 63043
TITLE	V
NAME	LINK, STEVEN J.
STREET ADDRESS	13801 RIVERPORT DR, STE 200
CITY-ST-ZIP	MARYLAND HEIGHTS, MO 63043
TITLE	C
NAME	WILLIAM R. BERKLEY
STREET ADDRESS	165 MASON ST
CITY-ST-ZIP	GREENWICH, CT
TITLE	TCFO
NAME	SHAW, PETER W
STREET ADDRESS	13801 RIVERPORT DR STE 200
CITY-ST-ZIP	MARYLAND HEIGHTS, MO 63043
TITLE	P
NAME	SAUNDERS, MELODEE J
STREET ADDRESS	13801 RIVERPORT DR, STE 200
CITY-ST-ZIP	MARYLAND HEIGHTS, MO 63043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED CAMPBELL / CONTROLLER

Date

1/26/04

Daytime Phone #

314-298-7332