


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000003017

1. Entity Name
OLD UNITED CASUALTY COMPANY



Principal Place of Business
**8500 SHAWNEE MISSION PKWY
MERRIAM, KS 66202**

Mailing Address
**8500 SHAWNEE MISSION PKWY
MERRIAM, KS 66202**

DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
48-0884451 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000938702
05/27/08-80099-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC VAN TUYL, CECIL L 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTOX, DANIEL K 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODSMALL, PETE 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEMLER, DOUGLAS E 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HOLCOMB, ROBERT J 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY, TIMOTHY 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert T Holcomb 4/29/08 913-895-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #