


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90009 014 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003017

1. Corporation 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date incorporated or Qualified 06/10/1997	4. FEI Number 48-0884451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	VAN TUYL, CECIL L	
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	
CITY-ST-ZIP	MERRIAM KS 66202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATTOX, DANIEL K	
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	
CITY-ST-ZIP	MERRIAM KS 66202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORFORD, JOHN A	
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	
CITY-ST-ZIP	MERRIAM KS 66202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCALLORN, DOUGLAS L	
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	
CITY-ST-ZIP	MERRIAM KS 66202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEMLER, DOUGLAS E	
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	
CITY-ST-ZIP	MERRIAM KS 66202	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOLCOMB, ROBERT J	
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	
CITY-ST-ZIP	MERRIAM KS 66202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert N. Harris **REQUIRED** 1-25-99 800-866-6090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)