3/:

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700003017 1. Entity Name OLD UNITED CASUALTY COMPANY						Mar 27, 2001 8:00 am Secretary of State 03-05-2001 90304 037 ***150.00				
Principal Place of Business Mailing Address SOO SHAWNEE MISSION PKWY 8500 SHAWNEE MISSION PKW				γ						
MERRIAM KS 66	3202	MERRIAM KS 66202	٠							
•	•	•	•				1111 41 111 11 111 11 141	. 1881 18 11 18	i (AR) (AN)	
2. Principal Place of Business		3. Mailing Address				DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State			4. F	4. FEI Number 48-0884451 Applied For Not Applicable				
Zip	Country	Zip	Cour	ntry	5. 0	Certificate of Status Desire		8.75 Add		
	6. Name and Address of Current F	legistered Agent		-Name-	7. N	lame and Address of No	w Registered A	gent		
INSURANCE COMMISSIONER										
Capitol Tallahassee Fl 32399-0300				2(1991 V	Street Address (P.O. Box Number is Not Acceptable)					
IALL	MINOUTE LE 05000-0000			City				Zip Cod		
				City		·	FL			
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or	registered age	ent, or both, in the State o	f Florida.		1	
SIGNATURE .										
	Signature, typed or printed name of registered agent a				re required when re	instaling)	DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			01 Fee	will be \$5	50.00	 Election Campaign Trust Fund Contrib 			O May Be I to Fees	
11.	OFFICERS AND I		12.	<u> </u>		DITIONS/CHANGES TO	OFFICERS AND	DIRECTOR		~
TITLE NAME	PDC VAN TUYL, CECIL L	☐ Delete	TITL NAS	i	,			Change	Addition	CR2E034 (10/00)
STREET ADDRESS	8500 SHAWNEE MISSION PKWY		STR	EET ADDRESS			•		· i	034 (
CITY-ST-ZIP	MERRIAM KS 66202	☐ Celete	TITL	'-ST-ZIP			•	☐ Change	☐ Addition	RZE
TITLE NAME	MATTOX, DANIEL K	₩ OE18(8	NAM	E .						O
STREET ADORESS CITY - ST - ZIP	8500 SHAWNEE MISSION PKWY MERRIAM KS 66202			EET ADDRESS '-ST-ZIP		•			,	
TITLE	VD	☐ Delete	TITL	<u>'</u>				Change	Addition	
NAME STREET ADDRESS	MORFORD, JOHN A 8500 SHAWNEE MISSION PKWY	والروميس بالمنافر في المارية والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	NAM STR	EET ADOPESS				روست دورو بهرد سي		Tega 4
CITY-ST-ZIP	MERRIAM KS 66202			-ST-ZIP						
TITLE NAME	VD SCALLORN, DOUGLAS L	☐ Delete	TITL NAM					Change	☐ Addition	
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	•	STA	EET ADORESS						
СПУ-ST-ZIP	MERRIAM KS 66202	□ Polyte	CITY	'-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME	SEMLER, DOUGLAS E	☐ Delete	NAM	i				o.ango		
STREET ADDRESS CITY-ST-ZIP	8500 SHAWNEE MISSION PKWY			EET ADDRESS '-ST-ZIP					·	
TITLE	MERRIAM KS 66202	☐ Delete	ווד		\wedge			☐ Change	Addition	
NAME	HOLCOMB, ROBERT J		NAA CTD		<i>{}</i>	Och -				
STREET ADDRESS CITY-ST-ZIP	8500 SHAWNEE MISSION PKWY MERRIAM KS 66202		CITY	EET ADDRESS '-st-zip	D.	XC Mar	4			
13. I hereby indicated of the corchanged.	certify that the information supplied with I on this report or stop lemental report is rporation or the receiver or trustee impo , or on an attachment with an address, y	this filing does not qualify for true and accurate and that n wered to execute this report it all other like empowered.	the exe ny signa as requ	mption stat ture shall ha ired by Cha	ed in Section 1 ave the same I pter 607, Florid	119.07(3)(i), Florida Statut egal effect as if made und da Statutes; and that my r	es. I further certi der oath; that I ar name appears in	ly that the in n an officer Block 11 or	nformation or director Block 12 if	
	$\Delta U_{\bullet} = V_{\bullet}$	Atul	/			2-23-01		395-020	1	
SIGNAT	SIGNATURE AND TYPED OR PE	INTED HAME OF SIGNING OFFICER	OR DUREC	TOR		Date '		ytime Phone #		