
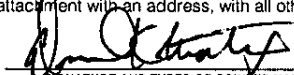


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90034 005 ***150.00

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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 48-0884451			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VAN TUYL, CECIL L		NAME				
STREET ADDRESS	8500 SHAWNEE MISSION PKWY		STREET ADDRESS				
CITY-ST-ZIP	MERRIAM, KS 66202		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MATTOX, DANIEL K		NAME				
STREET ADDRESS	8500 SHAWNEE MISSION PKWY		STREET ADDRESS				
CITY-ST-ZIP	MERRIAM, KS 66202		CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORFORD, JOHN A		NAME				
STREET ADDRESS	8500 SHAWNEE MISSION PKWY		STREET ADDRESS				
CITY-ST-ZIP	MERRIAM, KS 66202		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCALLORN, DOUGLAS L		NAME				
STREET ADDRESS	8500 SHAWNEE MISSION PKWY		STREET ADDRESS				
CITY-ST-ZIP	MERRIAM, KS 66202		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	SEMLER, DOUGLAS E		NAME	Director Douglas Semler			
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	→	STREET ADDRESS				
CITY-ST-ZIP	MERRIAM, KS 66202		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HOLCOMB, ROBERT J		NAME	Treasurer Robert Holcomb			
STREET ADDRESS	8500 SHAWNEE MISSION PKWY	→	STREET ADDRESS				
CITY-ST-ZIP	MERRIAM, KS 66202		CITY-ST-ZIP				
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: 		Daniel K. Mattox, V.P.		3-15-04 800-866-690			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			