

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90095 047 \*\*\*150.00

**DOCUMENT # P21440**

1. Entity Name

**VICTORIA FIRE & CASUALTY COMPANY**

Principal Place of Business

Mailing Address

ATTN: FINANCE  
 5915 LANDERBROOK DR.  
 CLEVELAND OH 44124-4058  
 US

ATTN: FINANCE  
 5915 LANDERBROOK DR.  
 CLEVELAND OH 44124-4034  
 US

0 4 4 4 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1394913**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

Name **FLORIDA DEPARTMENT OF INSURANCE**  
**Commissioner of Insurance**  
 Street Address (P.O. Box Number is Not Acceptable)  
**State Treasurer's Office**  
**State Capitol, Plaza Level II**  
 City **Tallahassee** FL Zip Code **32399-0300**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	KOERMER, JANICE	5915 LANDERBROOK DR	CLEVELAND OH 44124	<input checked="" type="checkbox"/>	AT	Mueller, Raymond	5915 Landerbrook Drive	Cleveland, Ohio 44124-4058	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	KRAMER, IVAN	5915 LANDERBROOK DR.	CLEVELAND OH	<input checked="" type="checkbox"/>	AS	Rossi, Assunta	5915 Landerbrook Drive	Cleveland, Ohio 44124-4058	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	MUELLER, ROBERT W	5915 LANDERBROOK DR.	CLEVELAND OH	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	HOFFEN, JOHN F	6225 SMITH AVE	BALTIMORE MD	<input checked="" type="checkbox"/>	V	metz, Joseph W.	5915 Landerbrook Drive	Cleveland, Ohio 44124-4058	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	WILLNER, STUART	5915 LANDERBROOK DR.	CLEVELAND OH	<input checked="" type="checkbox"/>	V	Campbell, John F. Jr.	5915 Landerbrook Drive	Cleveland, Ohio 44124-4058	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	DIETRY, MICHAEL	5915 LANDERBROOK DR	CLEVELAND OH	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 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

Assunta Rossi

3/16/00

Date

1-800-888-8424 ext. 377

Daytime Phone #

CR2E034 (9/99)