

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P40325 (3)**  
1. Corporation Name  
**UNITED FINANCIAL CASUALTY COMPANY**



Principal Place of Business: **6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44124 US**  
Mailing Address: **6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44124 US**

3. Date Incorporated or Qualified: **09/01/1992**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **36-3298008**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**      **10. Name and Address of New Registered Agent**

**THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, PETER B.</b>	1. 2 NAME	
STREET ADDRESS	<b>6300 WILSON MILLS RD</b>	1. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH</b>	1. 4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOKEL, CHARLES B.</b>	2. 2 NAME	
STREET ADDRESS	<b>6300 WILSON MILLS RD</b>	2. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH</b>	2. 4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, DAVID M.</b>	3. 2 NAME	
STREET ADDRESS	<b>6300 WILSON MILLS RD</b>	3. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH</b>	3. 4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIES, JOHN M</b>	4. 2 NAME	
STREET ADDRESS	<b>8196 CREEKSIDE TRACE</b>	4. 3 STREET ADDRESS	<b>6140 Parkland Blvd.</b>
CITY-ST-ZIP	<b>BROADVIEW HTS OH</b>	4. 4 CITY-ST-ZIP	<b>Mayfield Hts, OH 44124</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARLOW, BRUCE W.</b>	5. 2 NAME	
STREET ADDRESS	<b>6300 WILSON MILLS RD</b>	5. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH</b>	5. 4 CITY-ST-ZIP	
TITLE	<b>TO</b> <input type="checkbox"/> DELETE	6. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEMER, PATRICIA O</b>	6. 2 NAME	
STREET ADDRESS	<b>6300 WILSON MILLS RD</b>	6. 3 STREET ADDRESS	<b>6140 Parkland Blvd.</b>
CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH</b>	6. 4 CITY-ST-ZIP	<b>Mayfield Hts OH 44124</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it is signed for on an attachment with an address.

SIGNATURE: *David M. Schneider*      **David M. Schneider**      4/18/96      216-446-7870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)