

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME LEWIS, PETER B.  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME CHOKEL, CHARLES B.  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME SCHNEIDER, DAVID M.  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD  
NAME DAVIES, JOHN M  
STREET ADDRESS 8196 CREEKSIDE TRACE  
CITY-ST-ZIP BROADVIEW HTS OH ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 6140 Parkland Blvd.  
4.4 CITY-ST-ZIP Mayfield Hts, OH 44124

TITLE D  
NAME MARLOW, BRUCE W.  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE OH ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TO  
NAME BEMER, PATRICIA O  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 6140 Parkland Blvd.  
6.4 CITY-ST-ZIP Mayfield Hts, OH 44124

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Schneider 4/18/96 216-446-7870

CR2E034 (12/95)