

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40325 (3)**  
 1. Corporation Name  
**UNITED FINANCIAL CASUALTY COMPANY**



Principal Place of Business <b>6300 WILSON MILLS RD</b> <b>MAYFIELD VILLAGE OH 44124</b> <b>US</b>	Mailing Address <b>6300 WILSON MILLS RD</b> <b>MAYFIELD VILLAGE OH 44124</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> <b>6300 WILSON MILLS RD, W33</b> Suite, Apt. #, etc. <b>22</b>		<b>2a. Mailing Address</b> <b>26</b> <b>6300 WILSON MILLS RD, W33</b> Suite, Apt. #, etc. <b>27</b>		<b>3. Date Incorporated or Qualified</b> <b>09/01/1992</b>
<b>23</b> <b>MAYFIELD VILLAGE, OH</b> City & State <b>24</b> <b>44143-2182</b> Zip <b>25</b> <b>U.S.</b> Country		<b>28</b> <b>MAYFIELD VILLAGE, OH</b> City & State <b>29</b> <b>44143-2182</b> Zip <b>30</b> <b>U.S.</b> Country		<b>4. FEI Number</b> <b>36-3298008</b> Applied For Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> <b>THE FLORIDA INSURANCE COMMISSIONER</b> <b>THE CAPITOL</b> <b>TALLAHASSEE FL 32399-0300</b>		<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CD</b> <input type="checkbox"/> DELETE <b>LEWIS, PETER B.</b> <b>6300 WILSON MILLS RD</b> <b>MAYFIELD VILLAGE OH</b>	<b>11 TITLE</b> <b>12 NAME</b> <b>13 STREET ADDRESS</b> <b>14 CITY-ST-ZIP</b>	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PLATNER, BRECK, T</b> <b>747 ALPHA DRIVE</b> <b>HIGHLAND HTS., OH 44143-2124</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> DELETE <b>CHOKEL, CHARLES B.</b> <b>6300 WILSON MILLS RD</b> <b>MAYFIELD VILLAGE OH</b>	<b>21 TITLE</b> <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>44143-2182</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <input checked="" type="checkbox"/> DELETE <b>SCHNEIDER, DAVID M.</b> <b>6300 WILSON MILLS RD</b> <b>MAYFIELD VILLAGE OH</b>	<b>31 TITLE</b> <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>Schneider, David M.</b> <b>6300 Wilson Mills Road</b> <b>Mayfield Village, OH</b> <b>44143-2182</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <input checked="" type="checkbox"/> DELETE <b>DAVIES, JOHN M</b> <b>6140 PARKLAND BLVD.</b> <b>MAYFIELD HTS OH</b>	<b>41 TITLE</b> <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD</b> <b>DAVIES, JOHN M</b> <b>747 ALPHA DRIVE</b> <b>HIGHLAND HTS, OH 44143-2124</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AVP</b> <input type="checkbox"/> DELETE <b>DOLOHNTY, JANET A</b> <b>6300 WILSON MILLS RD</b> <b>MAYFIELD VILLAGE OH</b>	<b>51 TITLE</b> <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>44143-2182</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <input checked="" type="checkbox"/> DELETE <b>BEMER, PATRICIA O</b> <b>6140 PARKLAND BLVD.</b> <b>MAYFIELD HTS OH</b>	<b>61 TITLE</b> <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition  

**14. 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 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, trustee, or assignee, 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 in an attachment with an address.**

**SIGNATURE:** 

CR2E034 (10/97)