

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6300 WILSON MILLS RD, W33 Suite, Apt. #, etc. 22 City & State 23 MAYFIELD VILLAGE, OH Zip 24 44143-2182	2a. Mailing Address 26 6300 WILSON MILLS RD, W33 Suite, Apt. #, etc. 27 City & State 28 MAYFIELD VILLAGE, OH Zip 29 44143-2182	3. Date Incorporated or Qualified 09/01/1992	4. FEI Number 36-3298008 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEWIS, PETER B. 6300 WILSON MILLS RD MAYFIELD VILLAGE OH <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD PLATNER, BRECK, T 747 ALPHA DRIVE HIGHLAND HTS., OH 44143-2124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOKEL, CHARLES B. 6300 WILSON MILLS RD MAYFIELD VILLAGE OH <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 44143-2182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNEIDER, DAVID M. 6300 WILSON MILLS RD MAYFIELD VILLAGE OH <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Schneider, David M. 6300 Wilson Mills Road Mayfield Village, OH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 44143-2182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIES, JOHN M 6140 PARKLAND BLVD. MAYFIELD HTS OH <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD DAVIES, JOHN M 747 ALPHA DRIVE HIGHLAND HTS, OH 44143-2124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP DOLOHNTY, JANET A 6300 WILSON MILLS RD MAYFIELD VILLAGE OH <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 44143-2182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEMER, PATRICIA O 6140 PARKLAND BLVD. MAYFIELD HTS OH <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<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)