

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 010 ***150.00

DOCUMENT # P40325

1. Entity Name

UNITED FINANCIAL CASUALTY COMPANY

Principal Place of Business

Mailing Address

6300 WILSON MILLS RD
 MAYFIELD VILLAGE OH 44124
 US

6300 WILSON MILLS RD
 MAYFIELD VILLAGE OH 44124
 US

2. Principal Place of Business

3. Mailing Address

11457 OLDE CABIN ROAD
 Suite, Apt. #, etc.
 SUITE 235

Suite, Apt. #, etc.
 W33

City & State

City & State

ST. LOUIS, MO

4. FEI Number

36-3298008

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 CD Delete
 NAME LEWIS, PETER B.
 STREET ADDRESS 6300 WILSON MILLS RD
 CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ATVP Delete
 NAME CHOKEL, CHARLES B.
 STREET ADDRESS 6300 WILSON MILLS RD
 CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE AVP D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME SCHNEIDER, DAVID M.
 STREET ADDRESS 6300 WILSON MILLS RD
 CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE S Change Addition
 NAME SHRAWLOW, DANE A.
 STREET ADDRESS 300 N. COMMONS BLVD.
 CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143

TITLE PD Delete
 NAME DAVIES, JOHN M
 STREET ADDRESS 747 ALPHA DR
 CITY-ST-ZIP HIGHLAND HTS OH 44143-2182

TITLE PD Change Addition
 NAME BOUCHERLE, CHARLES C.
 STREET ADDRESS 6300 WILSON MILLS RD
 CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143

TITLE ATVP Delete
 NAME DOLOHANTY, JANET A
 STREET ADDRESS 6300 WILSON MILLS RD
 CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME PLATNER, BRECK T
 STREET ADDRESS 747 ALPHA DR.
 CITY-ST-ZIP HIGHLAND OH

TITLE T Change Addition
 NAME BOICH, DIANE W.
 STREET ADDRESS 747 ALPHA DRIVE
 CITY-ST-ZIP HIGHLAND HTS, OH 44143

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: X

John M. Davies
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)