

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90037 024 \*\*\*150.00

00606339 AT

**DOCUMENT # P40325**

1. Entity Name

**UNITED FINANCIAL CASUALTY COMPANY**

Principal Place of Business

**11457 OLDE CABIN RD  
 SUITE 235  
 SAINT LOUIS MO 63141  
 US**

Mailing Address

**6300 WILSON MILLS RD  
 W33  
 MAYFIELD VILLAGE OH 44124  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Louis**

City & State

Zip

Country

Zip

**44143-2182**

Country

4. FEI Number

**36-3298008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

**200 East Barnes Street  
 Larson Building  
 Tallahassee**

City

**FL**

**32399-0300**

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, 2002 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

TITLE **VP** ☐ Delete  
 NAME **BASCH, JEFFREY W**  
 STREET ADDRESS **6300 WILSON MILLS RD**  
 CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143-2182**

TITLE **AS** ☐ Delete  
 NAME **GERAY, KATHLEEN M**  
 STREET ADDRESS **300 N. COMMONS BLVD**  
 CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **S** ☐ Delete  
 NAME **SHRALLOW, DANE A**  
 STREET ADDRESS **300 N COMMONS BV**  
 CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **PD** ☐ Delete  
 NAME **BOUCHERLE, CHARLES C**  
 STREET ADDRESS **747 ALPHA DR**  
 CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

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

TITLE **T** ☐ Delete  
 NAME **BOICH, DIANE M**  
 STREET ADDRESS **747 ALPHA DR**  
 CITY-ST-ZIP **HIGHLAND HTS OH 44143**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **Kathleen M. Cerny**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **300 N. Commons Blvd.**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **300 N. Commons Blvd.**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **Todd Evans**  
 CITY-ST-ZIP **300 N. Commons Blvd.**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **300 N. Commons Blvd**  
 CITY-ST-ZIP **mayfield Village, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)