

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90316 038 \*\*\*150.00

<b>DOCUMENT # P40325</b> 1. Entity Name <b>UNITED FINANCIAL CASUALTY COMPANY</b>					
Principal Place of Business <b>6300 WILSON MILLS RD. W 33 CLEVELAND, OH 44143-2182 US</b>			Mailing Address <b>6300 WILSON MILLS RD W33 MAYFIELD VILLAGE, OH 44143-2182 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>36-3298008</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE VP NAME <del>BASCH, JEFFREY W</del> STREET ADDRESS <del>6300 WILSON MILLS RD</del> CITY-ST-ZIP <del>MAYFIELD VILLAGE, OH 441432182</del>	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Sandra L. Rihvalsky STREET ADDRESS 6300 Wilson Mills Rd CITY-ST-ZIP Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <del>AS</del> NAME GERNY, KATHLEEN M STREET ADDRESS 300 N COMMONS BLVD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete		TITLE AS NAME Margaret A. Rose STREET ADDRESS 6300 Wilson Mills Rd. CITY-ST-ZIP Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <del>SVP</del> NAME SHRALLOW, DANE A STREET ADDRESS 300 N COMMONS BLVD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete		TITLE S NAME Lynn W. Major STREET ADDRESS 6300 Wilson Mills Rd. CITY-ST-ZIP Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <del>PD</del> NAME WILLIAMS, ROBERT T JR STREET ADDRESS 625 ALPHA DR CITY-ST-ZIP HIGHLAND HTS, OH 44143	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Stephen D. Peterson STREET ADDRESS 747 Alpha Dr. CITY-ST-ZIP Highland Hts., OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <del>ATVP</del> NAME KUSMER, JAMES L STREET ADDRESS 6300 WILSON MILLS RD. CITY-ST-ZIP MAYFIELD VILLAGE, OH 441432182	<input checked="" type="checkbox"/> Delete		TITLE AT NAME Jack J. Santo STREET ADDRESS 747 Alpha Dr. CITY-ST-ZIP Highland Hts., OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <del>TD</del> NAME KING, THOMAS A STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Brian A. Silva STREET ADDRESS 747 Alpha Dr. CITY-ST-ZIP Highland Hts., OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Sandra L. Rihvalsky</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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