

FILED

2008 FEB 28 PM 4:04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40325

1. Corporation Name:

United Financial Casualty Company

P40325

2. Principal Office Address - No P.O. Box #
6300 Wilson Mills Road

3. Mailing Office Address
6300 Wilson Mills Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mayfield Village, OH

City & State

Mayfield Village, OH

Zip

44143-2182

Country

USA

Zip

44143-2182

Country

USA

CR2E081 (1/07)

6. Date Incorporated or Qualified To Do Business in Florida
9/01/1998

5. FEI Number
36-3298008

Applied For
Not Applicable

8. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CI Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0501.

Signature of Registered Agent

Diane Stout

Diane Stout, Asst. Secretary

Date 2-28-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State / Zip
	See Attached		

FILED
2008 FEB 28 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

07-08

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Margaret A. Rose* Margaret A. Rose, Asst. Secretary 2/25/08 440-4161-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2008 FEB 28 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT
ATTACHMENT TO BLOCK 9 FILED
ON BEHALF OF
UNITED FINANCIAL CASUALTY COMPANY**

TITLE	NAME OF OFFICERS AND/OR DIRECTORS	STREET ADDRESS	CITY/STATE/ZIP
D/T	Brian A. Silva	6300 Wilson Mills Road	Mayfield Village, OH 44143
D/P	Thomas A. King	6300 Wilson Mills Road	Mayfield Village, OH 44143
D/VP	William R. Kampf	747 Alpha Drive	Highland Hts, OH 44143-2124
D/VP	Patricia O. Berner	747 Alpha Drive	Highland Hts, OH 44143-2124
D	Dale A. Willis	300 N. Commons Blvd.	Mayfield Village, OH 44143
S	Patricia M. Corwin	6300 Wilson Mills Road	Mayfield Village, OH 44143
Asst. S	Margaret A. Rose	6300 Wilson Mills Road	Mayfield Village, OH 44143
VP	Sandra L. Rihvalsky	6300 Wilson Mills Road	Mayfield Village, OH 44143
Asst. VP	Eric J. Steiner	6300 Wilson Mills Road	Mayfield Village, OH 44143

2008 FEB 28 PM 4:04

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000052971 3)))



H080000529713ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

UNITED FINANCIAL CASUALTY COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing Menu

Help