

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40325

FILED
Aug 03, 2009
Secretary of State

Entity Name: UNITED FINANCIAL CASUALTY COMPANY

Current Principal Place of Business:

6300 WILSON MILLS RD.
CLEVELAND, OH 441432182 US

New Principal Place of Business:

Current Mailing Address:

6300 WILSON MILLS RD.
CLEVELAND, OH 441432182 US

New Mailing Address:

FEI Number: 36-3298008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SILVA, BRIAN A
Address: 6300 WILSON MILLS RD
City-St-Zip: MAYFIELD VILLAGE, OH 441432182

Title: DP () Delete
Name: KING, THOMAS A
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: DVP () Delete
Name: KAMPF, WILLIAM R
Address: 747 ALPHA DRIVE
City-St-Zip: HIGHLAND HTS, OH 441432124

Title: DVP (X) Delete
Name: BERNER, PATRICIA O
Address: 747 ALPHA DRIVE
City-St-Zip: HIGHLAND HTS, OH 441432124

Title: D (X) Delete
Name: WILLIS, DALE A
Address: 300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: S () Delete
Name: CORWIN, PATRICIA M
Address: 6300 WILSON MILLS RD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: MAHER, KEVIN P
Address: 6300 WILSON MILLS RD
City-St-Zip: MAYFIELD VILLAGE, OH 441432182

Title: D (X) Change () Addition
Name: BARBAGALLO, JOHN A
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MEYER

_____ Electronic Signature of Signing Officer or Director

POA

08/03/2009

_____ Date