

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90204 018 \*\*\*150.00

**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 44143-2182  
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**6300 Wilson Mills Rd**

3. Mailing Address  
Suite, Apt. #, etc.  
**W 33**

City & State  
**Mayfield Village OH**

City & State

Zip  
**44143-2182**

Country  
**US**

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

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER**  
**200 EAST GAINES STREET**  
**LARSON BUILDING**  
**TALLAHASSEE FL 32399-0300**

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

City **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VP**  Delete

NAME **BASCH, JEFFREY W**

STREET ADDRESS **6300 WILSON MILLS RD**

CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143-2182**

TITLE \_\_\_\_\_  Change  Addition

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY-ST-ZIP \_\_\_\_\_

TITLE **AS**  Delete

NAME **CERNY, KATHLEEN M**

STREET ADDRESS **300 N. COMMONS BLVD**

CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE \_\_\_\_\_  Change  Addition

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY-ST-ZIP \_\_\_\_\_

TITLE **S**  Delete

NAME **SHRALLOW, DANE A**

STREET ADDRESS **300 N COMMONS BLVD**

CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **SVP**  Change  Addition

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY-ST-ZIP \_\_\_\_\_

TITLE **PO**  Delete

NAME **BOUCHERLE, CHARLES C**

STREET ADDRESS **300 N COMMONS BLVD**

CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE \_\_\_\_\_  Change  Addition

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY-ST-ZIP \_\_\_\_\_

TITLE **ATVP**  Delete

NAME **EVANS, TODD**

STREET ADDRESS **300 N COMMONS BLVD**

CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143-2182**

TITLE **ATVP**  Change  Addition

NAME **Kusmer James L.**

STREET ADDRESS **6300 Wilson Mills Rd.**

CITY-ST-ZIP **Mayfield Village, OH 44143-2182**

TITLE **T**  Delete

NAME **BOICH, DIANE M**

STREET ADDRESS **300 N COMMONS BLVD**

CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE \_\_\_\_\_  Change  Addition

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY-ST-ZIP \_\_\_\_\_

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.

SIGNATURE: Jeffrey W. Basch **SIGNATURE REQUIRED** **Jeffrey W. Basch** **3-17-03** **440-461-5000**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #

CR2E034 (10/02)