

# 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



2. Principal Place of Business  
6300 Wilson Mills Rd

3. Mailing Address

Suite, Apt. #, etc.  
W33

Suite, Apt. #, etc.

City & State  
Mayfield Village OH

City & State

4. FEI Number 36-3298008

Applied For  
Not Applicable

Zip  
44143-2182

Country  
US

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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

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

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

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

TITLE PD  
NAME BOUCHERLE, CHARLES C  
STREET ADDRESS 300 N COMMONS BLVD  
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143 ☐ Delete

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

TITLE ATVP  
NAME EVANS, TODD  
STREET ADDRESS 300 N COMMONS BLVD  
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182 ☒ Delete

TITLE ATVP  
NAME Kusner James L.  
STREET ADDRESS 6300 Wilson Mills Rd.  
CITY-ST-ZIP Mayfield Village, OH 44143-2182 ☐ Change ☒ Addition

TITLE T  
NAME BOICH, DIANE M  
STREET ADDRESS 300 N COMMONS BLVD  
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143 ☐ Delete

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

Daytime Phone #

CR2E034 (10/02)