

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811199

Entity Name: UNITED FIRE & INDEMNITY COMPANY**Current Principal Place of Business:**455 E. MEDICAL CENTER BLVD, SUITE 400
WEBSTER, TX 77598**Current Mailing Address:**118 SECOND AVE SE, PO BOX 73909
CEDAR RAPIDS, IA 52407 US**FEI Number: 74-6045664****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**Title PRESIDENT, CEO, DIRECTOR
Name RAMLO, RANDY A
Address 118 SECOND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407Title DIRECTOR, CHAIRMAN
Name EVANS, JACK B
Address 118 SECOND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407Title DIRECTOR
Name SCHARMER, NEAL R
Address 118 SECOND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407Title DIRECTOR, EVP, COO
Name WILKINS, MICHAEL T
Address 118 SECOND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407-3909Title SVP, CFO
Name JAFFRAY, DAWN M
Address 118 SECOND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407Title TREASURER
Name MARTIN, JANICE A
Address 118 SECOND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407

I hereby 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 all other like empowered.

SIGNATURE: NEAL R. SCHARMER**DIRECTOR****02/06/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date