2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40325

Entity Name: UNITED FINANCIAL CASUALTY COMPANY

Current Principal Place of Business:

6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143

Current Mailing Address:

6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143 US

FEI Number: 36-3298008

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399-0000 US

FILED Apr 11, 2019 Secretary of State 2442202027CC

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	BEMER, PATRICIA O.	Name	BAILO, KAREN B
Address	6300 WILSON MILLS ROAD	Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143	City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	DIRECTOR	Title	DIRECTOR
Name	HISEK, JEANETTE L.	Name	KAMPF, WILLIAM R.
Address	6300 WILSON MILLS ROAD	Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143	City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title Name Address	TREASURER, DIRECTOR MAHER, KEVIN P. 6300 WILSON MILLS ROAD	Title Name Address	ASST. SECRETARY ROSE, MARGARET A. 6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143	City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	SECRETARY		
Name	CORWIN, PATRICIA M		
Address	6300 WILSON MILLS ROAD		
City-State-Zip:	MAYFIELD VILLAGE OH 44143		

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: PATRICIA M. CORWIN

SECRETARY

04/11/2019

Date

Electronic Signature of Signing Officer/Director Detail

Date