

2015 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**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	VP, DIRECTOR
Name	BEMER, PATRICIA O.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	PRESIDENT, DIRECTOR
Name	BISSLER , MICHAEL W
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	DIRECTOR
Name	HISEK, JEANETTE L.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	VP, DIRECTOR
Name	KAMPF, WILLIAM R.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	TREASURER, DIRECTOR
Name	MAHER, KEVIN P.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	ASST. SECRETARY
Name	ROSE, MARGARET A.
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: MARGARET A. ROSE**ASST. SECRETARY****04/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date