## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT #811199**

1. Entity Name



**FILED** Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90207 008 \*\*\*150.00

UNITED FIRE & INDEMNITY COMPANY										
Principal Place of Business  2115 WINNIE  P. O. BOX 1259  GALVESTON, TX 77550  Mailing Address  118 SECOND AVE SE CEDAR RAPIDS, IA 52407						881    1810   1811   1811	8/8/1 8/8/1 8/8/I	1) E   1   1   1   1   1   1   1   1   1	1	
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04102007	Chg-P	CR2E03	4 (12/06)		
City & Sta	te	City & State	•		4. FEI Number 74-6045664	ļ		·	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired		8.75 Adee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ess of New Re	gistered Ag	jent		
MCCALL	DALDUD		Name							
MCCALL, RALPH D 1602 WILDCAT CT WINTER SPRINGS, FL 32708			Street	Street Address (P.O. Box Number is Not Acceptable)						
			City		······································	<u> </u>	FL	Zip Cod	le	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office of	registered	d agent, or both, in th	ne State of Flor	ida. I am fai	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	ind little it applicable. (NOTE:	Registered Agent signa	ture required wh	nen reinstating)		DATE			
			. <u> </u>				<del></del>			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib			0 May Be to Fees					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHAN	GES TO OFFIC	ERS AND D	IRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D SEINSHEIMER, JF III 2115 WINNIE GALVESTON, TX 77550	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCINTYRE, JR, JOHN SCOTT 118 SECOND AVE SE CEDAR RAPIDS, IA 52407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			] Change	Addition	
11FLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIFE, JOHN ARTHUR 118 SECOND AVE SE CEDAR RAPIDS, IA 52407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	S LOHEC, HELEN K 7606 BEAUDELAIRE GALVESTON, TX 77551	Ž Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	118 S	fer, Krist econd Aven Rapids, I	ue SE	C	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAKER, KENT G 118 SECOND AVENUE SE CEDAR RAPIDS, IA 52407	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	118 S	Tyler C econd Aven Rapids, I			] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	EVP SWAIN, RICHARD B 2115 WINNIE GALVESTON, TX 77550	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	118 S	, Randy A econd Aven Rapids, I			] Change	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SI	GN	ΑT	UR	E:

Dianne Lyons, Vice President
SIGNATURE AND OFFICER OR DIRECTOR

4/10/07 (319)399-5723

Daytime Phone #