

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000912

FILED
Jan 05, 2007
Secretary of State

Entity Name: UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

4145 DUBLIN DRIVE
BLOOMFIELD HILLS, MI 48302

New Principal Place of Business:

3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426

Current Mailing Address:

3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426

New Mailing Address:

FEI Number: 35-1372324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEIDING, MARVIN K
1954 MAIN ST
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARKER, TOM
Address: 3214 CHICAGO DR
City-St-Zip: HUDSONVILLE, MI 49426

Title: V () Delete
Name: RYZANCA, ROBERT
Address: 3214 CHICAGO DRIVE
City-St-Zip: HUDSONVILLE, MI 49424

Title: V () Delete
Name: LEE, EDDIE E
Address: 510 BRANCH COURT
City-St-Zip: COLUMBIA CITY, IN 46725

Title: S () Delete
Name: JANENTTE, DIXIE L
Address: 3214 CHICAGO DR
City-St-Zip: HUDSONVILLE, MI 49426

Title: T () Delete
Name: SCHWARTZ, LLOYD
Address: 7035 ORCHARD LAKE ROAD
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: D () Delete
Name: LOUGHRIN, PETER
Address: 725 HEARTLAND TRAIL
City-St-Zip: MADISON, WI 53717

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LIETZKE, BRIAN M
Address: 3214 CHICAGO DR
City-St-Zip: HUDSONVILLE, MI 49426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRAIN M. LIETZKE

S

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date