

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F04000000912

1. Entity Name
UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY



Principal Place of Business
**3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426**

Mailing Address
**3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426**

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1372324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PARKER, TOM**
STREET ADDRESS **3214 CHICAGO DR**
CITY-ST-ZIP **HUDSONVILLE, MI 49426**

TITLE **V**
NAME **RYZANCA, ROBERT**
STREET ADDRESS **3214 CHICAGO DRIVE**
CITY-ST-ZIP **HUDSONVILLE, MI 49424**

TITLE **V**
NAME **LEE, EDDIE E**
STREET ADDRESS **510 BRANCH COURT**
CITY-ST-ZIP **COLUMBIA CITY, IN 46725**

TITLE **S**
NAME **LIETZKE, BRIAN M**
STREET ADDRESS **3214 CHICAGO DR**
CITY-ST-ZIP **HUDSONVILLE, MI 49426**

TITLE **T**
NAME **SCHWARTZ, LLOYD**
STREET ADDRESS **7035 ORCHARD LAKE ROAD**
CITY-ST-ZIP **WEST BLOOMFIELD, MI 48322**

TITLE **D**
NAME **LOUGHRIN, PETER**
STREET ADDRESS **725 HEARTLAND TRAIL**
CITY-ST-ZIP **MADISON, WI 53717**

U000000844942
03/13/08-80019-018 150.00

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IN THIS SPACE**

12. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian M. Lietzke, Secy

2/28/08

616-662-3960