2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# F04000000912

Entity Name: UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

3214 CHICAGO DRIVE
HUDSONVILLE, MI 49426

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

ABC BAIL BONDS, INC.
101 CAPRI ISLES BLVD
SUITE 3
VENICE, FL 34292 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

OFFICERS AND DIRECTORS:

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

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

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

Title: S
Name: LIETZKE, BRIAN M
Address: 3214 CHICAGO DR
City-St-Zip: HUDSONVILLE, MI 49426

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

Title: D
Name: LOUGHRIN, PETER
Address: 3220 SYENE ROAD, SUITE 201
City-St-Zip: MADISON, WI 53713

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: BRIAN M. LIETZKE S 02/10/2011

Electronic Signature of Signing Officer or Director — Date