

F040000000912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

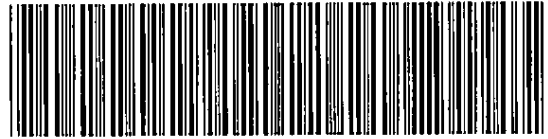
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S. CHATHAM

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Universal Fire & Casualty Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** F04000000912

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Travis R Harrison

Name of Contact Person

Universal Fire & Casualty Insurance Company

Firm/Company

2850 Dixie Hwy Ste100

Address

Waterford, MI 48328

City/State and Zip Code

compliance@ufcic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Hager

Name of Contact Person

at (813) 819-3242

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2023

TRAVIS R. HARRISON  
2850 DIXIE HIGHWAY, STE 100  
WATERFORD, MI 48328 US

SUBJECT: UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY  
Ref. Number: F04000000912

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The designation of the registered agent must be at a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 523A00015970

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Universal Fire & Casualty Insurance Company
2. The principal office address: 518 Branch Court  
Columbia City, IN 46725
3. The mailing address (if different): 2850 Dixie Hwy Ste 100, Waterford, MI 48328
4. Date of incorporation/qualification: 02/07/1976 Document number: F04000000912
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

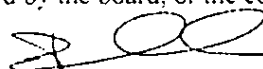
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Richard J Klimaszewski, President & COO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

July 26, 2023

Date

If signing on behalf of an entity:

Travis R Harrison, CFO

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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