2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90105 034 ***150.00

DOCUMENT # P40325

1. Entity Name

UNITED FINANCIAL CASUALTY COMPANY

Principal Place of Business	Mailing Address
~~11457 OLDE CABIN RD~~ ~~SUITE 235~~ OK ~~SAINT LOUIS MO 63141~~ US	6300 WILSON MILLS RD W33 MAYFIELD VILLAGE OH 44124 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
NO CHANGE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-3298008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~THE FLORIDA INSURANCE COMMISSIONER~~ ~~THE CAPITOL~~ ~~TALLAHASSEE FL 32399-0300~~ OK	Name NO CHANGE Street Address City FL

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CD~~ ~~LEWIS, PETER B.~~ ~~6300 WILSON MILLS RD~~ ~~MAYFIELD VILLAGE OH 44143-2182~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jeffrey W. Basch 6300 Wilson Mills Rd. Mayfield Village, OH 44143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AVPD~~ ~~CHOKEL, CHARLES B.~~ ~~6300 WILSON MILLS RD~~ ~~MAYFIELD VILLAGE OH 44143-2182~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Kathleen M. Cerny 300 N. Commons Blvd. Mayfield Village, OH 44143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHRALLOW, DANE A 300 N COMMONS BV MAYFEILD VILLAGE OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOUCHERLE, CHARLES C ~~6300 WILSON MILLS RD~~ ~~MAYFIELD VILLAGE OH 44143~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	747 Alpha Dr. Highland Hts. OH 44143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATVP DOLOHANTY, JANET A 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143-2182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOICH, DIANE M 747 ALPHA DR. HIGHLAND HTS OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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 — Date — Daytime Phone #