

1.) CORPORATION NAME:

United Financial Casualty Company

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0471682**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	128

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 WILSON MILLS ROAD

CITY/ST/ZIP: MAYFIELD VILLAGE, OH 44143

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL W BISSLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P / ECAM/ICM		
ADDRESS:	6300 WILSON MILLS RD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	WILLIAM R. KAMPF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	PATRICIA M CORWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6300 WILSON MILLS RD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	MARGARET A ROSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	6300 WILSON MILLS RD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	JOHN A. BARBAGALLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	KEVIN P. MAHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEANNETTE HISEK DIRECTOR 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARGARET A ROSE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARGARET A ROSE, ASST SEC PRINTED NAME AND CORPORATE TITLE	11/29/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			