

1.) CORPORATION NAME:

Universal Fire & Casualty Insurance Company

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1594920**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3214 CHICAGO DR

CITY/ST/ZIP: HUDSONVILLE, MI 49426

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: TOM PARKER TITLE: PRESIDENT ADDRESS: 3214 CHICAGO DRIVE CITY/ST/ZIP/CO: HUDSONVILLE, MI 49426	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT RYZANCA TITLE: VICE PRESIDENT ADDRESS: 3214 CHICAGO DR CITY/ST/ZIP/CO: HUDSONVILLE, MI 49426	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD JOSEPH KLIMASZEWSKI TITLE: VICE PRESIDENT ADDRESS: 3214 CHICAGO DRIVE CITY/ST/ZIP/CO: HUDSONVILLE, MI 49426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LLOYD SCHWARTZ TITLE: TREASURER ADDRESS: 7035 ORCHARD LAKE RD CITY/ST/ZIP/CO: WEST BLOOMFIELD, MI 48322	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN M LIETZKE TITLE: SECRETARY ADDRESS: 3214 CHICAGO DRIVE CITY/ST/ZIP/CO: HUDSONVILLE, MI 49426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH FINK TITLE: DIRECTOR ADDRESS: 6013 EAST LAKE CITY/ST/ZIP/CO: HASLETT, MI 48840	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	RICHARD ROEHLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	510 BRANCH COURT		
CITY/ST/ZIP/CO:	COLUMBIA CITY, IN 46725		

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/ BRIAN M LIETZKE	BRIAN M LIETZKE, SECRETARY	6/4/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.