

1.) CORPORATION NAME:

Universal Fire & Casualty Insurance Company

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1594920**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	400,000
COMB	60,000
PREFER	350

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

NAME: RICHARD ROEHLING TITLE: DIRECTOR ADDRESS: 510 BRANCH COURT CITY/ST/ZIP/CO: COLUMBIA CITY, IN 46725	<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/ BRIAN M LIETZKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN M LIETZKE, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/1/2015 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.		