

1.) CORPORATION NAME:

**UNITED CHURCH INSURANCE ASSOCIATION**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1872185**

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:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 PROSPECT AVENUE

CITY/ST/ZIP: CLEVELAND, OH 44115

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: TIM HARRIS TITLE: PRESIDENT ADDRESS: 700 PROSPECT AVENUE CITY/ST/ZIP/CO: CLEVELAND, OH 44115	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID NELSON TITLE: VICE PRESIDENT ADDRESS: 700 PROSPECT AVENUE CITY/ST/ZIP/CO: CLEVELAND, OH 44115	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DALE CABLE TITLE: TREASURER ADDRESS: 700 PROSPECT AVENUE CITY/ST/ZIP/CO: CLEVELAND, OH 44115	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN DERBY TITLE: SECRETARY ADDRESS: 700 PROSPECT AVENUE CITY/ST/ZIP/CO: CLEVELAND, OH 44115	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH BOWDEN TITLE: VICE CHAIRMAN ADDRESS: 700 PROSPECT AVENUE CITY/ST/ZIP/CO: CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN DECKENBACK TITLE: CHAIRMAN ADDRESS: 700 PROSPECT AVENUE CITY/ST/ZIP/CO: CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS ANDERS DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARJA COONS-TORN DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODDY DUNKERSON DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDY FLETCHER DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN FONG DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GABON DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHERINE HARRISON DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARNET MCKEE DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MOYER DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115	<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/ TIM HARRIS	TIM HARRIS, PRESIDENT	6/12/2014
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.