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	RE GROUP INC	2									
Form 4 March 27, 20)15										
FORM	1 /									APPROVAL	
		LITIES A	N OMB Number:	3235-0287							
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pu ns inue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type F	Responses)										
1. Name and A Wilkins Mic	ddress of Reporting chael T	g Person <u>*</u>	Symbol	[·] Name and D FIRE G			ng	5. Relationship Issuer (Che	of Reporting P eck all applical		
(Last) (First) (Middle) 118 SECOND AVENUE SE, P.O. BOX 73909			3. Date of Earliest Transaction (Month/Day/Year) 03/26/2015					Director 10% Owner X Officer (give title Other (specify below) Executive Vice President & COO			
				ndment, Da hth/Day/Year)	-	I		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Ao	cquired, Disposed	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Executio any	n Date, if	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) o of (D 4 and (A) or)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/26/2015			J <u>(1)</u>	23	D		214,614 <u>(2)</u>	I	By self as co-trustee of Issuer's Employee Stock Ownership Plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Wilkins Michael T 118 SECOND AVENUE SE P.O. BOX 73909 CEDAR RAPIDS, IA 52407-3909			Executive Vice President & COO				
Signatures							

/s/ Michael T. Wilkins 03/26/2015 **Signature of Date Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) This transaction represents a distribution of shares from the Issuer's Employee Stock Ownership Plan to someone other than the Reporting Person.

The Reporting Person serves as Co-Trustee of this employee benefit plan and disclaims beneficial ownership of any Issuer securities held by this plan that are not allocated for his individual benefit. This report shall not be deemed an admission that the Reporting Person is the

(2) by this plan that are not anocated for his individual ocient. This report shar hot be decided an admission that the Reporting Person beneficial owner of such securities for purposes under Section 16 of the Securities Exchange Act of 1934 or for any other purpose. Currently only 1,961 shares held in this plan are allocated specifically for the Reporting Person's individual benefit.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.