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UNITED FIRE	GROUP INC										
Form 4 March 17, 2015											
								OMB A	PPROVA	۱L	
FORM 4	UNITED	STATES		RITIES An ashington			COMMISSION	N OMB Number:	3235-	0287	
Check this bo				C				Expires:	Januar	ƴ 31, 2005	
if no longer subject to Section 16. Form 4 or							WNERSHIP OF	Estimated burden hou	Estimated average burden hours per response		
Form 5 obligations may continue. <i>See</i> Instructio 1(b).	Section 17(a) of the l	Public U	Jtility Ho	lding Coi		nge Act of 1934, of 1935 or Section 940	on			
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> NOYCE JAMES			2. Issuer Name and Ticker or Trading Symbol UNITED FIRE GROUP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[UFCS	5]			(Che	ск ап аррпсаот	()		
(Last) (First) (Middle) 118 SECOND AVENUE SE, P.O. BOX 73909			3. Date of Earliest Transaction (Month/Day/Year) 03/16/2015			X Director Officer (giv below)		% Owner her (specify			
BOA 73909	(Street)		1 If Am	andmant F	ata Origin	1	6 Individual or	Joint/Croun Fili	ng(Chaolr		
(Sheet)			4. If Amendment, Date Original Filed(Month/Day/Year)			11	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
CEDAR RAPIE	DS, IA 52407	-3909					Person	More than One R	eporting		
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	1	
	ransaction Date nth/Day/Year)	Execution any	Date, if	Code (Instr. 8)		(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	ıl	
Reminder: Report o	n a senarate line	for each of	ass of see	urities here	ficially ow	ned directly	or indirectly				
Kenniker, Report o	a soparate fill				Perso inforr requi	ons who res nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Owner securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)		Secu (Inst
				Code V	(A) (D)) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	03/16/2015		A <u>(2)</u>	20.454	<u>(1)</u>	<u>(1)</u>	Common Stock	20.454	\$ 3

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
NOYCE JAMES 118 SECOND AVENUE SE P.O. BOX 73909 CEDAR RAPIDS, IA 52407-3909	Х						
Signatures							
/s/ James W. Noyce by Barrie W. E Attorney-in-Fact	Ernst,		03	3/17/2015			

Signature of 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).
- Each share of phantom stock is the economic equivalent of one share of the Issuer's common stock. The shares of phantom stock become(1) payable, in cash, in one lump sum or prorated over five years, at the election of the Reporting Person, upon the Reporting Person's termination of service as a director.

Date

- (2) Share acquired through participation in the United Fire Group, Inc. Deferred Compensation Plan for Non-Employee Directors.
- (3) The price per share is the closing price of the Issuer's common stock on the date of the reported transaction.

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.