

UNITED FIRE GROUP INC
Form 4
June 16, 2014

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Skogman Kyle D.

2. Issuer Name and Ticker or Trading Symbol
UNITED FIRE GROUP INC
[UFCS]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
118 SECOND AVENUE SE, P.O.
BOX 73909

3. Date of Earliest Transaction
(Month/Day/Year)
06/16/2014

Director 10% Owner
 Officer (give title below) Other (specify below)

CEDAR RAPIDS, IA 52407-3909

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	06/16/2014		A	1,000 A \$ 28.208	6,520 ⁽¹⁾	I	See Footnote #1
Common Stock	06/16/2014		A	1,000 A \$ 28.101	7,520 ⁽²⁾	I	See Footnote #2

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reporting Transaction (Instr. 6)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Skogman Kyle D. 118 SECOND AVENUE SE P.O. BOX 73909 CEDAR RAPIDS, IA 52407-3909		X		

Signatures

/s/ Kyle D. Skogman by Dianne M. Lyons,
Attorney-in-Fact 06/16/2014

__Signature of Reporting Person Date

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) The total number of securities beneficially held indirectly by the Reporting Person includes: 1,670 shares held in a simplified employee pension (SEP) account for Mr. Skogman's benefit; 200 shares held in an individual retirement account for Mr. Skogman's benefit; 2,000 shares held in a trust account for the benefit of Mr. Skogman's wife; 2,500 shares held in a trust account for the benefit of Mr. Skogman's wife; and 150 shares held in an individual retirement account for the benefit of Mr. Skogman's wife.
- (2) The total number of securities beneficially held indirectly by the Reporting Person includes: 1,670 shares held in a simplified employee pension (SEP) account for Mr. Skogman's benefit; 200 shares held in an individual retirement account for Mr. Skogman's benefit; 2,000 shares held in a trust account for the benefit of Mr. Skogman's wife; 3,500 shares held in a trust account for the benefit of Mr. Skogman's wife; and 150 shares held in an individual retirement account for the benefit of Mr. Skogman's wife.

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.