CONNER DAVID E

Form 4

March 06, 2012

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number: 3235-0287

Expires: January 31, 2005

OMB APPROVAL

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** CONNER DAVID E | 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) 02/15/2012 | Director 10% Owner Some of the control of the contr | | | |
| (Street) CEDAR RAPIDS, IA 52407-3909 | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |

| (Cit | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own |
|------|----|---------|-------|--|
|------|----|---------|-------|--|

| (City) | (State) | (Zip) Tak | ole I - N | on-De | rivative S | ecurit | ties Acqu | ired, Disposed of | f, or Beneficia | lly Owned |
|--------------------------------------|--------------------------------------|---|---------------------------------|-------------------|--------------------------------|--------|--------------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (Instr. | 8) | 4. Securi (A) or Di (Instr. 3, | (A) or | d of (D) 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 Beneficial Ownership (Instr. 4) |
| Common Stock | 02/15/2012 | 02/17/2012(1) | Code P(2) | V V <u>(3)</u> | Amount 8 <u>(4)</u> | (D) | Price \$ 18.98 (5) | 1,416 <u>(6)</u> | I | By 401(k) Plan for Self |
| Common Stock | 03/01/2012 | 03/20/2012(1) | P(2) | V(3) | 7 (4) | A | \$ 20 (5) | 1,419 (6) | I | By 401(k) Plan for Self |
| Common Stock | | | | | | | | 319 | I | By Issuer's Employee Stock Ownership Plan for |

self

Common Stock

3,101 (7) D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form 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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title Amour | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|-------------------------|--------------------|---|-------------------------------|--------------------|------------------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Year) | Underl Securit (Instr. | | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

CONNER DAVID E 118 SECOND AVENUE SE P.O. BOX 73909 **CEDAR RAPIDS, IA 52407-3909**

VP/Chief Claims Officer

Signatures

/s/ David E. Conner by Dianne M. Lyons, Attorney-in-Fact

03/06/2012

**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 deemed execution date of this transaction is the statement date as provided by the Company's 401(k)Plan trustee/administrator.
- (2) Shares acquired through payroll deduction and participation in Company's 401(k) Plan.

Reporting Owners 2

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- (3) This transaction qualifies as a non-discretionary transaction from a tax-qualified plan and is voluntarily reported on Form 4.
- (4) Represents the approximate number of shares acquired by the trustee/administrator of the Company's 401(k) Plan for the reporting person's benefit, based on a statement of the trustee/administrator.
- (5) The price per share is based on a statement provided by the Company's 401(k) Plan trustee/administrator.
- Th number of securities shown as being held in or acquired or disposed of by the Company 401(k) account for Mr. Conner's benefit is the approximate number of shares of common stock for which Mr. Conner has the right to direct the vote under the 401(k) plan. Such shares are not directly allocated to plan participants, but are instead held in a unitized fund consisting primarily of common stock, together with a small percentage of short-term investments. Participants acquire units of this fund.
- The total number of securities beneficially held directly by the reporting person following the reported transaction includes: 1,875 shares of restricted stock issued under the Company's 2008 Stock Plan which vest, subject to certain conditions, on 02/18/2016 and 1,226 shares of restricted stock issued under the Company's 2008 Stock Plan which vest, subject to certain conditions on 05/21/2013.

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.