

Sheeley Michael J.  
Form 4  
March 21, 2013

**FORM 4**

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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 \*  
Sheeley Michael J.

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  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
03/15/2013

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
VP/COO - United Life Ins. Co.

CEDAR RAPIDS, IA 52407-3909

(City) (State) (Zip)

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

**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 Beneficial Ownership (Instr. 4) |                      |   |  |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|----------------------|---|--|
|                                 |                                      |  | Code                           | V   | Amount  | (A) or (D)   | Price   |                      |   |  |
| Common Stock                    | 03/15/2013                           | 03/20/2013 <sup>(1)</sup>                          | P <sup>(2)</sup>               | V <sup>(3)</sup>  | 5 <sup>(4)</sup>  | A  | \$ 25.958   | 2,234 <sup>(5)</sup> | D |  |
| Common Stock                    | 03/18/2013                           | 03/21/2013 <sup>(1)</sup>                          | P <sup>(2)</sup>               | V <sup>(3)</sup>  | 2 <sup>(4)</sup>  | A  | \$ 25.851   | 2,236 <sup>(6)</sup> | D |  |
| Common Stock                    |                                      |  |                                |   |   |  |   | 1,419                | I | By Issuer's Employee Stock Ownership Plan for self |

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

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

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(9-02)

**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 Owned Following Transaction (Instr. 6) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|---|
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--|---|

**Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                                     |       |
|---|---------------|-----------|-------------------------------------|-------|
|   | Director      | 10% Owner | Officer                             | Other |
| Sheeley Michael J.<br>118 SECOND AVENUE SE<br>CEDAR RAPIDS, IA 52407-3909 |               |           | VP/COO -<br>United Life<br>Ins. Co. |       |

**Signatures**

/s/ Michael J. Sheeley by Dianne M. Lyons,  
Attorney-in-Fact 03/21/2013

\_\_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 based on a report of the Issuer's Dividend Reinvestment Plan administrator and transfer agent.
- (2) Shares acquired through participation in Issuer's Dividend Reinvestment Plan.
- (3) This transaction is exempt under Rule 16a-11 of the Securities Exchange Act of 1934 and is voluntarily reported.
- (4) Represents the approximate number of shares (excluding fractionals) acquired by the administrator of the Issuer's Dividend Reinvestment Plan for the reporting person, based on a statement of the administrator.
- (5) The total number of securities beneficially held directly by the Reporting Person following the reported transaction includes: 1,033 shares of restricted stock issued under the Issuer's 2008 Stock Plan which vest, subject to certain conditions, on 02/15/2018; and 1,201 shares

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held of record by the Reporting Person.

The total number of securities beneficially held directly by the Reporting Person following the reported transaction includes: 1,033 shares  
(6) of restricted stock issued under the Issuer's 2008 Stock Plan which vest, subject to certain conditions, on 02/15/2018; and 1,203 shares held of record by the Reporting Person.

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.