

UNITED FIRE GROUP INC  
 Form 3  
 November 20, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Helbing Kevin W.		(Month/Day/Year)	UNITED FIRE GROUP INC [UFCS]	
(Last)	(First)	(Middle)	11/14/2014	
118 SECOND AVENUE SE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
CEDAR RAPIDS,Â IAÂ 52401			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Assistant VP/Interim PFO	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common	65 <sup>(1)</sup>	I	By Issuer's Employee Stock Ownership Plan for self

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Stock Option (right to buy)	02/19/2015	02/19/2020	Common 375 \$ 16.89	D
Stock Option (right to buy)	Â (2)	02/18/2021	Common 1,000 \$ 20.54	D
Stock Option (right to buy)	Â (3)	02/24/2022	Common 1,500 \$ 20.93	D
Stock Option (right to buy)	Â (4)	02/15/2023	Common 2,000 \$ 23.96	D
Stock Option (right to buy)	Â (5)	02/21/2024	Common 2,500 \$ 29.61	D

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Helbing Kevin W. 118 SECOND AVENUE SE CEDAR RAPIDS, IA 52401	Â	Â	Â Assistant VP/Interim PFO	Â

## Signatures

/s/ Kevin W. Helbing by Barrie W. Ernst,  
Attorney-in-Fact

11/20/2014

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Represents the approximate number of shares (excluding fractionals) in the Issuer's Employee Stock Ownership Plan allocated for the Reporting Person's benefit.
- (2) 500 options each become vested and exercisable on 02/18/2015 and 02/18/2016, respectively.
- (3) 500 options each become vested and exercisable on 02/24/2015, 02/24/2016 and 02/24/2017, respectively.
- (4) 500 options each become vested and exercisable on 02/15/2015, 02/15/2016, 02/15/2017 and 02/15/2018, respectively.
- (5) 500 options each become vested and exercisable on 02/21/2015, 02/21/2016, 02/21/2017, 02/21/2018, 02/21/2019 and 02/21/2020, respectively.

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.