

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004384

**Entity Name:** CALIFORNIA CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**1875 S. GRANT STREET  
SUITE 800  
SAN MATEO, CA 94402**Current Mailing Address:**1875 S. GRANT STREET  
SUITE 800  
SAN MATEO, CA 94402 US**FEI Number:** 94-1662389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** CHIEF FINANCIAL OFFICERS

04/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BROWN, CARL B.  
Address        1875 S. GRANT STREET  
                 SUITE 800  
City-State-Zip: SAN MATEO CA 94402

Title            DIRECTOR  
Name            DIVINEY, WAYNE S.  
Address        1875 S. GRANT STREET  
                 SUITE 800  
City-State-Zip: SAN MATEO CA 94402

Title            DIRECTOR  
Name            HAMM, JON H.  
Address        1875 S. GRANT STREET  
                 SUITE 800  
City-State-Zip: SAN MATEO CA 94402

Title            DIRECTOR  
Name            HORNECKER, MITCHELL E.  
Address        1875 S. GRANT STREET  
                 SUITE 800  
City-State-Zip: SAN MATEO CA 94402

Title            SECRETARY  
Name            INGLESE, JAMES  
Address        1875 S. GRANT STREET  
                 SUITE 800  
City-State-Zip: SAN MATEO CA 94402

Title            CFO  
Name            RAY, MICHAEL A.  
Address        1875 S. GRANT STREET  
                 SUITE 800  
City-State-Zip: SAN MATEO CA 94402

Title            DIRECTOR  
Name            SCHAFER, HEATHER S.  
Address        1875 S. GRANT STREET  
                 SUITE 800  
City-State-Zip: SAN MATEO CA 94402

Title            DIRECTOR  
Name            TONGUE, THOMAS M.  
Address        1875 S. GRANT STREET  
                 SUITE 800  
City-State-Zip: SAN MATEO CA 94402

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARL B. BROWN

PRESIDENT

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date