

**2021 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

04/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	DIVINEY, WAYNE S.
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	DIRECTOR
Name	TONGUE, THOMAS M.
Address	1875 S. GRANT STREET SUITE 800
City-State-Zip:	SAN MATEO CA 94402
Title	CEO
Name	VOLPONI, JOSEPH L.
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	CFO
Name	RAY, MICHAEL A.
Address	1875 S. GRANT STREET SUITE 800
City-State-Zip:	SAN MATEO CA 94402
Title	SECRETARY
Name	MUENZEN, JOSEPH C.
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:** JOSEPH L. VOLPONI

CEO

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date