

2024 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

01/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title CHAIRMAN
Name PADOVESE, KAREN M.
Address 1875 S. GRANT STREET
SUITE 800
City-State-Zip: SAN MATEO CA 94402

Title DIRECTOR
Name PHOEBUS III, EDWARD G.
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 DIRECTOR
Name NICOLAY, ROBERT
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: TODD A. BRICKEL

SECRETARY

01/15/2024

Electronic Signature of Signing Officer/Director Detail

Date