2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004384

Entity Name: CALIFORNIA CASUALTY INSURANCE COMPANY

FILED Apr 16, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1900 ALAMEDA DE LAS PULGAS MAIL CODE - GC SAN MATEO, CA 944031298 **Current Mailing Address: New Mailing Address:** P.O. BOX M MAIL CODE - GC SAN MATEO, CA 944020080 FEI Number: 94-1662389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:**

Title:

Name: BROWN, CARL B

Address: 1900 ALAMEDA DE LAS PULGAS

City-St-Zip: SAN MATEO, CA 94403

Title: S

Name: ENGLESE, JAMES R

Address: 1900 ALAMEDA DE LAS PULGAS

City-St-Zip: SAN MATEO, CA 94403

Title:

Name: RAY, MICHAEL A

Address: 1900 ALAMEDA DE LAS PULGAS

City-St-Zip: SAN MATEO, CA 94403

Title: 0

Name: DAHLMAN, WILLIAM R
Address: 4442 GENTRY AVENUE
City-St-Zip: STUDIO CITY, CA 916074115

Title:

 Name:
 ALTMAN, JAMES D

 Address:
 40 MANSION COURT

 City-St-Zip:
 MENLO PARK, CA 940256658

Title:

 Name:
 BROWN, JONATHAN A

 Address:
 9053 TARMAC WAY

 City-St-Zip:
 FAIR OAKS, CA 956288144

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: JAMES R. ENGLESE S 04/16/2012