

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004384

**Entity Name:** CALIFORNIA CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**1900 ALAMEDA DE LAS PULGAS  
MAIL CODE - GC  
SAN MATEO, CA 94403-1298**Current Mailing Address:**P.O. BOX M  
MAIL CODE - GC  
SAN MATEO, CA 94402-0080**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name BROWN, CARL B  
Address 1900 ALAMEDA DE LAS PULGAS  
City-State-Zip: SAN MATEO CA 94403

Title S  
Name ENGLESE, JAMES R  
Address 1900 ALAMEDA DE LAS PULGAS  
City-State-Zip: SAN MATEO CA 94403

Title T  
Name RAY, MICHAEL A  
Address 1900 ALAMEDA DE LAS PULGAS  
City-State-Zip: SAN MATEO CA 94403

Title C  
Name DAHLMAN, WILLIAM R  
Address 4442 GENTRY AVENUE  
City-State-Zip: STUDIO CITY CA 91607-4115

Title D  
Name BROWN, JONATHAN A  
Address 9053 TARMAC WAY  
City-State-Zip: FAIR OAKS CA 95628-8144

Title DIRECTOR  
Name DIVINEY, WAYNE S.  
Address 13716 VALMORAL GREENS AVENUE  
City-State-Zip: CLIFTON VA 20124-2800

Title DIRECTOR  
Name HAMM, JON H.  
Address 3543 PATTERSON WAY  
City-State-Zip: EL DORADO HILLS CA 95762-4404

Title DIRECTOR  
Name SIEGEL, LYNNE F.  
Address 1300 SW PARK AVENUE, #1004  
City-State-Zip: PORTLAND OR 97201-3358

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*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**SECRETARY****04/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	TONGUE, THOMAS H
Address	11650 SW BREYMAN
City-State-Zip:	PORTLAND OR 97219-8408