

2014 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 PRESIDENT
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 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

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

Title DIRECTOR
Name SCHAFER, HEATHER S
Address 8216 HORTENCIA POINTDRIVE
City-State-Zip: MILLERSVILLE MD 21108-1474

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****04/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date