

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004384

Entity Name: CALIFORNIA CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**10260 SW GREENBURG ROAD
PORTLAND, OR 97223**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****04/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date