

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005789

FILED
Apr 02, 2012
Secretary of State

Entity Name: ARTISAN AND TRUCKERS CASUALTY COMPANY

Current Principal Place of Business:

C/O CT CORPORATION SYSTEM
8040 EXCELSIOR DRIVE, STE 200
MADISON, WI 53717 US

New Principal Place of Business:

Current Mailing Address:

C/O CT CORPORATION SYSTEM
8040 EXCELSIOR DRIVE, STE 200
MADISON, WI 53717 US

New Mailing Address:

FEI Number: 59-3213819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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: PDIR
Name: PALMER, KAREN L PDIR
Address: C/O CT CORP. SYS. 8040 EXCELSIOR DR., #200
City-St-Zip: MADISON, WI 53717 US

Title: SEC
Name: CORWIN, PATRICIA M SEC
Address: C/O CT CORP. SYS. 8040 EXCELSIOR DR., #200
City-St-Zip: MADISON, WI 53717 US

Title: TDIR
Name: PETERSON, STEPHEN D TDIR
Address: C/O CT CORP. SYS. 8040 EXCELSIOR DR., #200
City-St-Zip: MADISON, WI 53717 US

Title: DIR
Name: KAMPF, WILLIAM R DIR
Address: C/O CT CORP. SYS. 8040 EXCELSIOR DR., #200
City-St-Zip: MADISON, WI 53717 US

Title: DIR
Name: MILLER, MICHAEL J DIR
Address: C/O CT CORP. SYS. 8040 EXCELSIOR DR., #200
City-St-Zip: MADISON, WI 53717 US

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: BRITNI WIGE

_____ Electronic Signature of Signing Officer or Director

POA

04/02/2012

_____ Date