

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802639

Entity Name: NATIONAL CASUALTY COMPANY

Current Principal Place of Business:

8877 NORTH GAINEY CENTER DRIVE
SCOTTSDALE, AZ 85258

Current Mailing Address:

8877 NORTH GAINEY CENTER DRIVE
SCOTTSDALE, AZ 85258 US

FEI Number: 38-0865250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 DIRECTOR, PRESIDENT

Name JOHNSTON, RUSSELL

Address 8877 NORTH GAINEY CENTER DRIVE

City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR

Name BERVEN, MARK A.

Address 8877 NORTH GAINEY CENTER DRIVE

City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR

Name JURGENS, THOMAS W.

Address 8877 NORTH GAINEY CENTER DRIVE

City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR

Name NELSON, DAVID N.

Address 8877 NORTH GAINEY CENTER DRIVE

City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR

Name RICZKO, ELIZABETH M.

Address 8877 NORTH GAINEY CENTER DRIVE

City-State-Zip: SCOTTSDALE AZ 85258

Title TREASURER

Name WAYNE, AMBER M.

Address 8877 NORTH GAINEY CENTER DRIVE

City-State-Zip: SCOTTSDALE AZ 85258

Title SECRETARY

Name SKINGLE, DENISE L.

Address 8877 NORTH GAINEY CENTER DRIVE

City-State-Zip: SCOTTSDALE AZ 85258

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: DENISE L. SKINGLE

SECRETARY

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date