

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836021

Entity Name: TRANSAMERICA CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

6400 C STREET SW
CEDAR RAPIDS, IA 52499

Current Mailing Address:

6400 C STREET SW
CEDAR RAPIDS, IA 52499 US

FEI Number: 31-4423946

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, DIRECTOR
Name OHL, JAMIE S
Address 1801 CALIFORNIA ST
 STE 3700
City-State-Zip: DENVER CO 80202

Title DIRECTOR
Name FLEMING, CHRISTOPHER
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title TREASURER
Name KEPPLER, MATTHEW
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR
Name GERST, BONNIE
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR
Name GIOVANNI, CHRISTOPHER
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR
Name HARRIS, ZACHARY
Address 6400 C STREET SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR
Name WILLIAMS, ANDREW S.
Address 1201 WILLS ST
 STE 800
City-State-Zip: BALTIMORE MD 21231

Title SECRETARY
Name MILLER-BREETZ, GREGORY E
Address 1201 WILLS STREET
 STE 800
City-State-Zip: BALTIMORE MD 21231

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: GREGORY E MILLER-BREETZ

SECRETARY

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date