

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836021

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC7392929594**

**Entity Name:** STONEBRIDGE CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

4333 EDGEWOOD RD NE  
CEDAR RAPIDS, IA 52499

**Current Mailing Address:**

4333 EDGEWOOD RD NE  
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 DP  
Name WALKER, EDWARD H III  
Address 100 LIGHT STREET, FLOOR B1  
City-State-Zip: BALTIMORE MD 21202

Title D& SVP, CNSL  
Name VERMIE, CRAIG D  
Address 4333 EDGEWOOD RD N.E.  
City-State-Zip: CEDAR RAPIDS IA 52499

Title D, SVP & S  
Name EUBANKS, MICHAEL A  
Address 100 LIGHT STREET, FLOOR B1  
City-State-Zip: BALTIMORE MD 21202

Title VP  
Name WILSON, MICHAEL L  
Address 100 LIGHT STREET, FLOOR B1  
City-State-Zip: BALTIMORE MD 21202

Title D, EVP & COO  
Name CLANCY, BRENDA K  
Address 4333 EDGEWOOD RD N.E.  
City-State-Zip: CEDAR RAPIDS IA 52499

Title VP  
Name WRIGHT, KEITH  
Address 2700 WEST PLANO PARKWAY  
City-State-Zip: PLANO TX 75075

Title D & SVP  
Name MANGUM, G. DOUGLAS JR.  
Address 300 EAGLEVIEW BLVD  
City-State-Zip: EXTON PA 19341

Title TREASURER, SVP, CFO  
Name KATWIJK, C. MICHIEL VAN  
Address 4333 EDGEWOOD RD NE  
City-State-Zip: CEDAR RAPIDS IA 52499

**Continues on page 2**

*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: CRAIG D VERMIE**

**SENIOR VICE PRESIDENT 05/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D, SVP  
Name SMITH, BRIAN A  
Address 300 EAGLEVIEW BLVD  
City-State-Zip: EXTON PA 19341

Title DIRECTOR, VP  
Name MCCONNELL, MARTHA A  
Address 100 LIGHT STREET  
FLOOR B1  
City-State-Zip: BALTIMORE MD 21202