

**2023 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

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**1094025033CC**

*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  
City-State-Zip: DENVER CO 80202

Title            DEPUTY SECRETARY  
Name            MILLER-BREETZ, GREGORY E  
Address        6400 C ST  
City-State-Zip: CEDAR RAPIDS IA 52499

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 DIRECTOR,  
Address        1201 WILLS ST  
                  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**

**04/26/2023**

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

\_\_\_\_\_  
Date