

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2018
Secretary of State
CC6665921967

Entity Name: TRANSAMERICA 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 PRESIDENT, DIRECTOR
Name BOSTWICK, BLAKE S
Address 1801 CALIFORNIA ST
City-State-Zip: DENVER CO 80202

Title DIRECTOR, SECRETARY, EXECUTIVE
 VICE PRESIDENT
Name ORLANDI, JAY
Address 4333 EDGEWOOD RD N.E.
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR, SR VICE PRESIDENT
Name SCHULZE, KATHERINE A
Address 100 LIGHT STREET
 FLOOR B1
City-State-Zip: BALTIMORE MD 21202

Title D & SVP
Name SCHULZ, DAVID
Address 4333 EDGEWOOD ROAD NE
City-State-Zip: CEDAR RAPIDS IA 52499

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

Title DIRECTOR
Name MULLIN, MARK W
Address 100 LIGHT STREET
 FLOOR B1
City-State-Zip: BALTIMORE MD 21202

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: VONDA OLSON ON BEHALF OF JAY ORLANDI

JAY ORLANDI
SECRETARY

04/20/2018

Electronic Signature of Signing Officer/Director Detail

Date