

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836021

**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