

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 16, 2021
Secretary of State
9148845723CC

Entity Name: ARTISAN AND TRUCKERS CASUALTY COMPANY

Current Principal Place of Business:

C/O CT CORPORATION SYSTEM
301 S. BEDFORD STREET SUITE 1
MADISON, WI 53703

Current Mailing Address:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143 US

FEI Number: 59-3213819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 ASST. SECRETARY
Name ROSE, MARGARET A.
Address C/O CT CORPORATION SYSTEM
8020 EXCELSIOR DRIVE, STE 200
City-State-Zip: MADISON WI 53717

Title DIRECTOR
Name BEMER, PATRICIA O.
Address C/O CT CORPORATION SYSTEM
8020 EXCELSIOR DRIVE, STE 200
City-State-Zip: MADISON WI 53717

Title TREASURER, DIRECTOR
Name FISCHER, CORY W
Address C/O CT CORPORATION SYSTEM
8020 EXCELSIOR DRIVE, STE 200
City-State-Zip: MADISON WI 53717

Title PRESIDENT, DIRECTOR
Name HISEK, JEANETTE L.
Address C/O CT CORPORATION SYSTEM
8020 EXCELSIOR DRIVE, STE 200
City-State-Zip: MADISON WI 53717

Title DIRECTOR
Name POLITZI, VICTOR
Address C/O CT CORPORATION SYSTEM
8020 EXCELSIOR DRIVE, STE 200
City-State-Zip: MADISON WI 53717

Title DIRECTOR, PRESIDENT
Name MILLER, MICHAEL J.
Address C/O CT CORPORATION SYSTEM
8020 EXCELSIOR DRIVE, STE 200
City-State-Zip: MADISON WI 53717

Title SECRETARY
Name CORWIN, PATRICIA M
Address C/O CT CORPORATION SYSTEM
8020 EXCELSIOR DRIVE, STE 200
City-State-Zip: MADISON WI 53717

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: MARGARET A. ROSE

ASSISTANT SECRETARY 04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date