

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005789

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC0257154916**

**Entity Name:** ARTISAN AND TRUCKERS CASUALTY COMPANY

**Current Principal Place of Business:**

C/O CT CORPORATION SYSTEM  
8020 EXCELSIOR DRIVE, STE 200  
MADISON, WI 53717

**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 VP, 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 BISSLER, MICHAEL 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 CHAIRMAN, DIRECTOR  
Name KAMPF, WILLIAM R.  
Address C/O CT CORPORATION SYSTEM  
8020 EXCELSIOR DRIVE, STE 200  
City-State-Zip: MADISON WI 53717

Title CHAIRMAN, DIRECTOR  
Name MILLER, MICHAEL J.  
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 04/10/2015**

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

\_\_\_\_\_  
Date