Entity Name: ARTISAN AND TRUCKERS CASUALTY COMPANY

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

DOCUMENT# F06000005789

Current Mailing Address:

6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143 US

FEI Number: 59-3213819

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 US Certificate of Status Desired: No

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

Officer/Director Detail :

	Title	ASST. SECRETARY	Title	DIRECTOR
	Name	ROSE, MARGARET A.	Name	BEMER, PATRICIA O.
	Address	C/O CT CORPORATION SYSTEM 8020 EXCELSIOR DRIVE, STE 200	Address	C/O CT CORPORATION SYSTEM 8020 EXCELSIOR DRIVE, STE 200
	City-State-Zip:	MADISON WI 53717	City-State-Zip:	MADISON WI 53717
	Title	TREASURER, DIRECTOR	Title	PRESIDENT, DIRECTOR
	Name	BISSLER, MICHAEL W	Name	HISEK, JEANETTE L.
	Address	C/O CT CORPORATION SYSTEM 8020 EXCELSIOR DRIVE, STE 200	Address	C/O CT CORPORATION SYSTEM 8020 EXCELSIOR DRIVE, STE 200
	City-State-Zip:	MADISON WI 53717	City-State-Zip:	MADISON WI 53717
	Title	DIRECTOR	Title	DIRECTOR, PRESIDENT
	Name	KAMPF, WILLIAM R.	Name	MILLER, MICHAEL J.
	Address	C/O CT CORPORATION SYSTEM 8020 EXCELSIOR DRIVE, STE 200	Address	C/O CT CORPORATION SYSTEM 8020 EXCELSIOR DRIVE, STE 200
	City-State-Zip:	MADISON WI 53717	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

ASST. SECRETARY

05/01/2017 Date

Date

Electronic Signature of Signing Officer/Director Detail