

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005789

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

**Current Principal Place of Business:**

C/O CT CORPORATION SYSTEM  
8040 EXCELSIOR DRIVE, STE 200  
MADISON, WI 53717

**Current Mailing Address:**

C/O CT CORPORATION SYSTEM  
8040 EXCELSIOR DRIVE, STE 200  
MADISON, WI 53717 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            PRESIDENT/DIRECTOR  
Name            PALMER, KAREN L  
Address        C/O CT CORPORATION SYSTEM  
                  8040 EXCELSIOR DRIVE, STE 200  
City-State-Zip: MADISON WI 53717

Title            SECRETARY  
Name            CORWIN, PATRICIA M  
Address        C/O CT CORPORATION SYSTEM  
                  8040 EXCELSIOR DRIVE, STE 200  
City-State-Zip: MADISON WI 53717

Title            TREASURER/DIRECTOR  
Name            PETERSON, STEPHEN D  
Address        C/O CT CORPORATION SYSTEM  
                  8040 EXCELSIOR DRIVE, STE 200  
City-State-Zip: MADISON WI 53717

Title            DIRECTOR  
Name            KAMPF, WILLIAM R  
Address        C/O CT CORPORATION SYSTEM  
                  8040 EXCELSIOR DRIVE, STE 200  
City-State-Zip: MADISON WI 53717

Title            ASSISTANT SECRETARY  
Name            MARGARET , ROSE A.  
Address        C/O CT CORPORATION SYSTEM  
                  8040 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    04/19/2013**

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

\_\_\_\_\_  
Date