## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005789

Entity Name: ARTISAN AND TRUCKERS CASUALTY COMPANY

FILED
Apr 28, 2024
Secretary of State
7258712393CC

## **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 Title DIRECTOR

Name ROSE, MARGARET A. Name BEMER, PATRICIA O.

Address C/O CT CORPORATION SYSTEM Address C/O CT CORPORATION SYSTEM

8020 EXCELSIOR DRIVE, STE 200 8020 EXCELSIOR DRIVE, STE 200

City-State-Zip: MADISON WI 53717 City-State-Zip: MADISON WI 53717

Title TREASURER, DIRECTOR Title PRESIDENT, DIRECTOR

Name FISCHER, CORY W Name VARMA, KANIK

Address C/O CT CORPORATION SYSTEM Address C/O CT CORPORATION SYSTEM

8020 EXCELSIOR DRIVE, STE 200 8020 EXCELSIOR DRIVE, STE 200

City-State-Zip: MADISON WI 53717 City-State-Zip: MADISON WI 53717

Title DIRECTOR Title DIRECTOR, PRESIDENT

Name SCHUNTER, JOCHEN Name MILLER, MICHAEL J.

Address C/O CT CORPORATION SYSTEM Address C/O CT CORPORATION SYSTEM

8020 EXCELSIOR DRIVE, STE 200 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: PATRICIA M. CORWIN SECRETARY

Electronic Signature of Signing Officer/Director Detail

04/28/2024 Date