

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002303

Entity Name: HCC CASUALTY INSURANCE SERVICES, INC.

Current Principal Place of Business:

2300 CLAYTON ROAD SUITE 1100
CONCORD, CA 94520

Current Mailing Address:

2300 CLAYTON ROAD SUITE 1100
CONCORD, CA 94520 US

FEI Number: 68-0101584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, CEO, DIRECTOR
Name HUBBARD, WILLIAM F.
Address 2300 CLAYTON ROAD SUITE 1100
City-State-Zip: CONCORD CA 94520

Title EVP, DIRECTOR
Name WILLIAMS, CHRISTOPHER J.B.
Address 2300 CLAYTON ROAD SUITE 1100
City-State-Zip: CONCORD CA 94520

Title VP, ASST. SECRETARY
Name RINICELLA, RANDY D.
Address 2300 CLAYTON ROAD SUITE 1100
City-State-Zip: CONCORD CA 94520

Title VP, TREASURER
Name LEE, JONATHAN
Address 2300 CLAYTON ROAD SUITE 1100
City-State-Zip: CONCORD CA 94520

Title SECRETARY
Name LUDLOW, ALEXANDER
Address 2300 CLAYTON ROAD SUITE 1100
City-State-Zip: CONCORD CA 94520

Title DIRECTOR
Name IRICK, BRAD T.
Address 2300 CLAYTON ROAD SUITE 1100
City-State-Zip: CONCORD CA 94520

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: ALEXANDER LUDLOW

SECRETARY

06/29/2016

Electronic Signature of Signing Officer/Director Detail

Date