2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2017
Secretary of State
CC9203739266

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Entity Name: MILWAUKEE CASUALTY INSURANCE CO.

Current Principal Place of Business:

4455 LBJ FREEWAY
SUITE 700
DALLAS, TX 75244

Current Mailing Address:

PO BOX 650771
DALLAS, TX 75380 US

FEI Number: 39-1190263

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	SECRETARY/DIRECTOR
Name	UNGAR, STEPHEN B
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	VICE PRESIDENT, ASST. SECRETARY
Name	MOSES, BARRY
Address	800 SUPERIOR AVENUE E, 21ST FLOOR
City-State-Zip:	CLEVELAND OH 44114

Title	DIRECTOR
Name	DECARLO, DONALD
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	CHIEF ACTUARY
Name	MAYER, JEFFREY
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

Title	PRESIDENT
Name	LEO, JEFFREY
Address	10 BRITISH AMERICAN BLVD.
City-State-Zip:	LATHAM NY 12110

Title	TREASURER, DIRECTOR
Name	SCHLACHTER, HARRY
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	VICE PRESIDENT
Name	GARRISON , MELANIE
Address	12790 MERIT DRIVE
City-State-Zip:	DALLAS TX 75251

Title	DIRECTOR
Name	FISCH, SUSAN
Address	59 MAIDEN LANE 43RD FL
City-State-Zip:	NEW YORK NY 10038

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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: STEPHEN UNGAR SECRETARY 03/27/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KARKOWSKY, ADAM
Address	59 MAIDEN LANE 43RD FL
City-State-Zip:	NEW YORK NY 10038