

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004497

Entity Name: MILFORD CASUALTY INSURANCE COMPANY**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 PRESIDENT
Name LEO, JEFFREY
Address 10 BRITISH AMERICAN BLVD.
City-State-Zip: LATHAM NY 12110

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

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

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

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

04/26/2018

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