

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000001591

**Entity Name:** AMFED CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
RIDGELAND, MS 39157**Current Mailing Address:**1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
RIDGELAND, MS 39157 US**FEI Number:** 20-0392750**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 CEO  
Name KRAMER, MATTHEW  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title COO  
Name MCLEMORE, GREGORY  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title TREASURER  
Name GRAYSTON, MICHAEL  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title DIRECTOR  
Name SUTHERLAND, SUSAN JANE  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title DIRECTOR  
Name KALVIK, THOMAS ALEKSANDER  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title DIRECTOR  
Name KRAMER, MATTHEW  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title FINANCIAL CONTROLLER  
Name BURKE, SHANELLE  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title CHIEF RISK OFFICER  
Name GUIJARRO, STEVE  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

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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:** JEFF A. SIPOS**SECRETARY****04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF INFORMATION OFFICER  
Name WILLIAMS, OWEN  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title SECRETARY  
Name GILL, JOHN  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title CHIEF UNDERWRITING OFFICER  
Name PAULSON, JESSE  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title CHIEF CLAIMS OFFICER  
Name BARG, MARINA  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title CFO  
Name CAMP, RICHARD  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157

Title SECRETARY  
Name SIPOS, JEFF A.  
Address 1020 HIGHLAND COLONY PARKWAY  
SUITE 700/702  
City-State-Zip: RIDGELAND MS 39157