


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90006 047 \*\*\*150.00

<b>DOCUMENT # 848863</b> 1. Entity Name <b>ULLICO CASUALTY COMPANY</b>	
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Principal Place of Business <b>1625 EYE STREET, NW WASHINGTON, DC 20006</b>	Mailing Address <b>1625 EYE STREET, NW WASHINGTON, DC 20006</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**40094317**



04042007 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DCEO O'SULLIVAN, TERENCE 1625 EYE STREET, NW WASHINGTON, DC 20006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DCEO/C MARK EARNEST SINGLETON 1625 EYE ST, NW Washington, DC 20006 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP DPRE ARONOWITZ, DANIEL 180 MONTGOMERY STREET SAN FRANCISCO, CA 94104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SEC VALENTINE, TERESA 1625 EYE STREET, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP DCFO SINGLETON, MARK 1625 EYE STREET, NW WASHINGTON, DC 20006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DCFO/T DAMON GASQUE 8403 Colesville Rd. Silver Spring, MD 20910 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP CHRISTHILF, DAVID 1625 EYE STREET, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP DIR GREBOW, EDWARD 1625 EYE STREET, NW WASHINGTON, DC 20006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DIR SARAH C. GUSTAFSON 1625 EYE ST, NW Washington, DC 20006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa E. Valentine Teresa E. Valentine Secretary 4/30/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Call Lisa Orsini, 202/682-6925

# ATTACHMENT

## 40094317

ULLICO Casualty Company

Document #848863

Board of Directors

Name	Address
Daniel Aronowitz	1625 Eye Street, NW Washington, DC 20006
David A. Christhilf	1625 Eye Street, NW Washington, DC 20006
Damon Gasque	8403 Colesville Road Silver Spring, MD 20910
Sarah C. Gustafson	1625 Eye Street, NW Washington, DC 20006
James M. Paul	1625 Eye Street, NW Washington, DC 20006
Mark E. Singleton	1625 Eye Street, NW Washington, DC 20006

### Officers

Name	Office	Address
Mark E. Singleton	Chairman and Chief Executive Officer	1625 Eye Street, NW Washington, DC 20006
Daniel Aronowitz	President	1625 Eye Street, NW Washington, DC 20006
Teresa E. Valentine	Vice President, General Counsel and Secretary	1625 Eye Street, NW Washington, DC 20006
Damon Gasque	Acting Chief Financial Officer and Treasurer	8403 Colesville Road Silver Spring, MD 20910
Adam Fried	Assistant Vice President, Tax	8403 Colesville Road Silver Spring, MD 20910
James M. Paul	Sr. Vice President, Human Resources	1625 Eye Street, NW Washington, DC 20006
Douglas Dvorak	Vice President, Property and Casualty Claims	1625 Eye Street, NW Washington, DC 20006

ATTACHMENT

40094.317

#848863

David A. Christhilf

Assistant Vice President, Actuary

1625 Eye Street, NW  
Washington, DC 20006