

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855177

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** HERITAGE CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

200 N. MARTINGALE ROAD  
SCHAUMBURG, IL 60173 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 VIRIGNIA DRIVE  
FORT WASHINGTON, PA 19034 US

**New Mailing Address:**

**FEI Number:** 36-2811124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BARNETT, MICHAEL D  
**Address:** 251 NORTH ILLINOIS STREET  
**City-St-Zip:** INDIANAPOLIS, IN 46204

**Title:** CFO  
**Name:** SHANMUGAM, LAKSHMAN  
**Address:** 7101 COLLEGE BOULEVARD SUITE 1400  
**City-St-Zip:** OVERLAND PARK, KS 66210

**Title:** S  
**Name:** RUSSELL, KATHLEEN A  
**Address:** 251 NORTH ILLINOIS STREET  
**City-St-Zip:** INDIANAPOLIS, IN 46204

**Title:** T  
**Name:** BAKER, SARAH Q  
**Address:** 7101 COLLEGE BOULEVARD SUITE 1400  
**City-St-Zip:** OVERLAND PARK, KS 66210

**Title:** AS  
**Name:** LIU, NANCY M  
**Address:** 500 VIRGINIA DRIVE  
**City-St-Zip:** FORT WASHINGTON, PA 19034

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:** NANCY M. LIU

AS

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date