

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002576

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** TRIUMPHE CASUALTY COMPANY

**Current Principal Place of Business:**

4999 LOUISE DRIVE  
SUITE 202  
MECHANICSBURG, PA 17055

**New Principal Place of Business:**

**Current Mailing Address:**

3250 INTERSTATE DRIVE  
RICHFIELD, OH 44286

**New Mailing Address:**

**FEI Number:** 95-3623282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL REGISTERED AGENTS, INC.  
2731 EXECUTIVE PARK DR  
SUITE 4  
WESTON, FL 33331 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SPACHMAN, ALAN R  
**Address:** 3250 INTERSTATE DRIVE  
**City-St-Zip:** RICHFIELD, OH 44286

**Title:** SD  
**Name:** GONZALES, ARTHUR J  
**Address:** 3250 INTERSTATE DRIVE  
**City-St-Zip:** RICHFIELD, OH 44286

**Title:** TD  
**Name:** MCGRAW, JULIE A  
**Address:** 3250 INTERSTATE DRIVE  
**City-St-Zip:** RICHFIELD, OH 44286

**Title:** PD  
**Name:** MICHELSON, DAVID W  
**Address:** 3250 INTERSTATE DRIVE  
**City-St-Zip:** RICHFIELD, OH 44286

**Title:** ATD  
**Name:** MONDA, GARY N  
**Address:** 3250 INTERSTATE DRIVE  
**City-St-Zip:** RICHFIELD, OH 44286

**Title:** D  
**Name:** PHILLIPS, TERRY E  
**Address:** 3250 INTERSTATE DRIVE  
**City-St-Zip:** RICHFIELD, OH 44286

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:** ARTHUR J. GONZALES

SD

01/04/2010

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

\_\_\_\_\_  
Date