

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000004384

1. Corporation Name

CALIFORNIA CASUALTY INSURANCE COMPANY

2. Principal Office Address - No P.O. Box #

1900 Alameda de las Pulgas

Suite, Apt. #, etc.

Mail Code - A3

City & State

San Mateo, CA

Zip

94403-1298

Country

USA

3. Mailing Office Address

P.O. Box M

Suite, Apt. #, etc.

Mail Code - A3

City & State

San Mateo, CA

Zip

94402-0080

Country

USA

7. Name and Address of Current Registered Agent

Name

Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable)

200 E. Grant Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Carl B. Brown	1900 Alameda de las Pulgas	San Mateo, CA 94403-1298
S	James M. Sevey	1900 Alameda de las Pulgas	San Mateo, CA 94403-1298
T	Michael A. Ray	1900 Alameda de las Pulgas	San Mateo, CA 94403-1298
D	Jennifer L. Aaker	4007 Natasha Drive	Lafayette, CA 94549-2716
D	James D. Altman	40 Mansion Court	Menlo Park, CA 94025-6658
D	Jonathan A. Brown	9053 Tarmac Way	Fair Oaks, CA 95628-8144

10. E-mail Address: mrudee@calcas.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James M. Sevey

James M. Sevey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/10

Date

(650) 572-4486

Daytime Phone #

FILED

10 MAR 22 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

200172790742
03/22/10--01051--012 ***450.00
CR2E081 (11/09)

RH

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/07

5. FEI Number
94-1662389

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

F07000004384

Attachment to Florida Corporation Reinstatement

**CALIFORNIA CASUALTY INSURANCE COMPANY
Directors (cont'd)**

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY and STATE</u>	<u>ZIP CODE</u>
John E. Cahill, Jr.	245 Laurel Grove Avenue	Kentfield, CA	94904-1538
William R. Dahlman	4442 Gentry Avenue	Studio City, CA	91607-4115
Wayne S. Diviney	13716 Valmoral Greens Avenue	Clifton, VA	20124-2800
Carolyn E. Doggett	1808 Mezes Way	Belmont, CA	94002-0921
Jon H. Hamm	3543 Patterson Way	El Dorado Hills, CA	95762-4404
R. Wayne Johnson	655 B Del Parque Drive	Santa Barbara, CA	93103-5732
Michael G. McPherson	13123 Riviera Terrace	Silver Spring, MD	20904-3582
George G. C. Parker*	280 Mapache Drive	Portola Valley, CA	94028-7318
Edward G. Phoebus III	1108 Noyes Drive	Silver Spring, MD	20910-1356
Lynne F. Siegel	1500 SW 5th Avenue, #506	Portland, OR	97201-5419
Thomas H. Tongue	11650 SW Breyman	Portland, OR	97219-8408
Suzanne M. Zimmer	1364 Wyoming Street	Golden, CO	80403-1388

*Chairman