

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90007 013 \*\*\*150.00

**DOCUMENT # P36525**

1. Entity Name

**COMMERCIAL CASUALTY INSURANCE COMPANY**



Principal Place of Business

**1 LIBERTY PLAZA, 19TH FLOOR  
NEW YORK, NY 10006 US**

Mailing Address

**1 LIBERTY PLAZA, 19TH FLOOR  
NEW YORK, NY 10006 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042007

Chg-P

CR2E034 (12/06)

4. FEI Number

**95-4077789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LIBERATOR, JOHN D 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C STANCO, EDWARD J 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVPT WASSERMAN, W. NEAL C 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VGCS EMEIGH, DONALD A JR 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCFO STANZIALE, RONALD C JR 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary Linda S. Lieberman One Liberty Plaza, 19th Floor New York, NY 10006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP, CFO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP, D Daniel J. Wilson One Liberty Plaza, 19th Floor New York, NY 10006	<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: *Linda S. Lieberman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda S. Lieberman, Secretary

Date

April 11, 2007

Daytime Phone #

40078864



ATTACHMENT  
40078864

~~Commercial Casualty Insurance Company~~  
~~Document #P36525~~  
~~2007 For Profit Corporation Annual Report~~

**Continued List of Directors and Officers**

Robert P. Kuehn  
Senior Vice President and General Counsel  
One Liberty Plaza, 19<sup>th</sup> Floor  
New York, NY 10006

Anthony L. LeHan  
Senior Vice President and Assistant Controller  
One Liberty Plaza, 19<sup>th</sup> Floor  
New York, NY 10006