

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 802639

**FILED**  
**Apr 23, 2022**  
**Secretary of State**  
**7044863198CC**

**Entity Name:** NATIONAL CASUALTY COMPANY

**Current Principal Place of Business:**

8877 NORTH GAINEY CENTER DRIVE  
SCOTTSDALE, AZ 85258

**Current Mailing Address:**

8877 NORTH GAINEY CENTER DRIVE  
SCOTTSDALE, AZ 85258 US

**FEI Number:** 38-0865250

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name JOHNSTON, RUSSELL  
Address 8877 NORTH GAINEY CENTER DRIVE  
City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR  
Name BERVEN, MARK A.  
Address 8877 NORTH GAINEY CENTER DRIVE  
City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR  
Name GUERRERO, OSCAR  
Address 8877 NORTH GAINEY CENTER DRIVE  
City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR  
Name NELSON, DAVID N.  
Address 8877 NORTH GAINEY CENTER DRIVE  
City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR  
Name RICZKO, ELIZABETH M.  
Address 8877 NORTH GAINEY CENTER DRIVE  
City-State-Zip: SCOTTSDALE AZ 85258

Title TREASURER  
Name WAYNE, AMBER M.  
Address 8877 NORTH GAINEY CENTER DRIVE  
City-State-Zip: SCOTTSDALE AZ 85258

Title SECRETARY  
Name SKINGLE, DENISE L.  
Address 8877 NORTH GAINEY CENTER DRIVE  
City-State-Zip: SCOTTSDALE AZ 85258

*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:** DENISE L. SKINGLE

**SECRETARY**

**04/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date