

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855177

Entity Name: HERITAGE CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210**Current Mailing Address:**4636 SOMERTON ROAD, BLDG 8
TREVSE, PA 19053 US**FEI Number: 36-2811124****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
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 P, DIRECTOR
Name PETERS , RONALD D
Address 7101 COLLEGE BOULEVARD, SUITE 1400
City-State-Zip: OVERLAND PARK KS 66210

Title CFO
Name STEILEN, WILLIAM J
Address 7101 COLLEGE BOULEVARD SUITE 1400
City-State-Zip: OVERLAND PARK KS 66210

Title S
Name RUSSELL, KATHLEEN A
Address 135 N. PENNSYLVANIA ST, SUITE 1800
City-State-Zip: INDIANAPOLIS IN 46204

Title T
Name KIPPER, JANE B
Address 7101 COLLEGE BOULEVARD SUITE 1400
City-State-Zip: OVERLAND PARK KS 66210

Title AS
Name LIU, NANCY M
Address 4636 SOMERTON ROAD, BLDG 8
City-State-Zip: TREVSE PA 19053

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**ASSISTANT SECRETARY 02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date