

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 855305

**Entity Name:** FARMERS CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

700 QUAKER LANE  
WARWICK, RI 02886-6681

**Current Mailing Address:**

700 QUAKER LANE-FMR  
P O BOX 350  
WARWICK, RI 02887 US

**FEI Number:** 05-0393243

**Certificate of Status Desired:** Yes

**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            PRESIDENT, DIRECTOR  
Name            FINCHUM, DARLA A  
Address        700 QUAKER LANE  
City-State-Zip: WARWICK RI 02886

Title            SECRETARY  
Name            PRYOR, JENNIFER NICOLE  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            VP  
Name            BAUR, MAITE IRAKOZE  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            VP  
Name            HOWARD, ROBERT PAUL  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            VP  
Name            MCCARTHY, VICTORIA LOUISE  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            DIRECTOR, VP, TREASURER  
Name            KLUTE, PETER ANDREW  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            VP, ACTUARY  
Name            NUTTING, JAMES LESLIE  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            ASST. SECRETARY  
Name            GILES, MARGARET S  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

**Continues on page 2**

*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:** JENNIFER NICOLE PRYOR

**SECRETARY**

**04/25/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name HOHL, DOREN EUGENE  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY  
Name SEHGAL, PARUL  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. TREASURER  
Name NOH, THOMAS S  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name HANSON, GUY MEADE  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name MYHAN, RONALD GEORGE  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY  
Name IM, SOO  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. TREASURER  
Name LANGFORD, MICHAEL J  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. TREASURER  
Name TOMICH, ANTHONY WILLIAM  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name LEWIS, SHERMAN LENARD III  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367