

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 857724

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC0241798177**

**Entity Name:** CHARTIS CASUALTY COMPANY

**Current Principal Place of Business:**

175 WATER STREET  
18TH FLOOR  
NEW YORK, NY 10038

**Current Mailing Address:**

175 WATER STREET  
18TH FLOOR  
NEW YORK, NY 10038 US

**FEI Number:** 02-6008643

**Certificate of Status Desired:** No

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

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE, FL 32301 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 D  
Name DOYLE, JOHN Q  
Address 175 WATER STREET, 30TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title S  
Name BUTKOVIC, DENIS M  
Address 180 MAIDEN LANE, 37TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title PCEO  
Name EASTWOOD, PETER J  
Address 100 SUMMER STREET  
City-State-Zip: BOSTON MA 02110

Title D, EVP  
Name FIELDS, DAVID N  
Address 175 WATER STREET  
City-State-Zip: NEW YORK NY 10038

Title T  
Name CAULFIELD, JUSTIN  
Address 180 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title D, EVP  
Name BRACKEN, JAMES  
Address 175 WATER STREET  
City-State-Zip: NEW YORK NY 10038

Title D  
Name FARBER, JEFFREY M.  
Address ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title D  
Name MACHON, MONIKA M  
Address 180 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

**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:** DENIS M. BUTKOVIC

**SECRETARY**

**04/24/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name HANCOCK, PETER D  
Address 175 WATER STREET, 30TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title D  
Name HERZOG, DAVID L  
Address 180 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title D  
Name WILLIS, MARK T  
Address 300 S. RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606