

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002576

Entity Name: TRIUMPHE CASUALTY COMPANY**Current Principal Place of Business:**3250 INTERSTATE DRIVE
RICHFIELD, OH 44286**Current Mailing Address:**3250 INTERSTATE DRIVE
RICHFIELD, OH 44286 US**FEI Number:** 95-3623282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 SECRETARY, DIRECTOR
Name GONZALES, ARTHUR J.
Address 3250 INTERSTATE DRIVE
City-State-Zip: RICHFIELD OH 44286

Title TREASURER, DIRECTOR
Name MCGRAW, JULIE A.
Address 3250 INTERSTATE DRIVE
City-State-Zip: RICHFIELD OH 44286

Title PRESIDENT, DIRECTOR
Name MERCURIO, ANTHONY J.
Address 3250 INTERSTATE DRIVE
City-State-Zip: RICHFIELD OH 44286

Title DIRECTOR
Name MONDA, GARY N.
Address 3250 INTERSTATE DRIVE
City-State-Zip: RICHFIELD OH 44286

Title DIRECTOR
Name WINBORN, STEPHEN E.
Address 3250 INTERSTATE DRIVE
City-State-Zip: RICHFIELD OH 44286

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: ARTHUR J. GONZALES**SECRETARY****01/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date