

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000005040

Entity Name: CAROLINA CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**5011 GATE PARKWAY
BLDG 200, STE 200
JACKSONVILLE, FL 32256**Current Mailing Address:**PO BOX 2575
JACKSONVILLE, FL 32203**FEI Number:** 59-0733942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 AND CHIEF
EXECUTIVE OFFICER**Name** BERKLEY, W ROBERT JR**Address** 475 STEAMBOAT ROAD**City-State-Zip:** GREENWICH CT 06830**Title** DIRECTOR, EXECUTIVE VICE
PRESIDENT AND TREASURER**Name** BALLARD, EUGENE G**Address** 475 STEAMBOAT ROAD**City-State-Zip:** GREENWICH CT 06830**Title** DIRECTOR, SENIOR VICE PRESIDENT
AND ASSISTANT TREASURER**Name** BAIO, RICHARD M**Address** 475 STEAMBOAT ROAD**City-State-Zip:** GREENWICH CT 06830**Title** DIRECTOR, EXECUTIVE VICE
PRESIDENT AND SECRETARY**Name** LEDERMAN, IRA S**Address** 475 STEAMBOAT ROAD**City-State-Zip:** GREENWICH CT 06830**Title** DIRECTOR, SENIOR VICE PRESIDENT
- CHIEF ACTUARY**Name** HANCOCK, PAUL J**Address** 475 STEAMBOAT DRIVE**City-State-Zip:** GREENWICH CT 06830**Title** DIRECTOR, SENIOR VICE PRESIDENT**Name** LAPUNZINA, CAROL**Address** 475 STEAMBOAT ROAD**City-State-Zip:** GREENWICH CT 06830**Title** DIRECTOR, SENIOR VICE PRESIDENT
AND ASSISTANT SECRETARY**Name** RICCIARDI, MATTHEW M**Address** 475 STEAMBOAT ROAD**City-State-Zip:** GREENWICH CT 06830**Title** ASSISTANT SECRETARY**Name** DUNN, DAVID A**Address** P O BOX 2575**City-State-Zip:** JACKSONVILLE FL 32203

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: ANITA A. NAPOLIASSISTANT VICE
PRESIDENT &
CORPORATE
SECRETARY CAROLINA
CASUALTY

03/14/2017

