

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000005040

**Entity Name:** CAROLINA CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**11201 DOUGLAS AVENUE  
URBANDALE, IA 50322**Current Mailing Address:**PO BOX 9190  
DES MOINES, IA 50306-9190 US**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 BAIQ, 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 SECRETARY  
Name BRAUD, BERTMAN A JR.  
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: BERTMAN BRAUD****TREASURER****04/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date