

2017 FOREIGN PROFIT CORPORATION AMENDED 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 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: IRA S. LEDERMAN**EVP & SECRETARY****07/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date