2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2022
Secretary of State
5224446204CC

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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	PRESIDENT
Name	BERKLEY, W ROBERT JR
Address	475 STEAMBOAT ROAD
City-State-Zip:	GREENWICH CT 06830

Title	SECRETARY, SECRETARY
Name	WELT, PHILIP S
Address	475 STEAMBOAT ROAD
City-State-Zip:	GREENWICH CT 06830

Title	DIRECTOR
Name	LAPUNZINA, CAROL
Address	475 STEAMBOAT ROAD
City-State-Zip:	GREENWICH CT 06830

Title	ASSISTANT TREASURER
Name	BRAUD, BERTMAN A JR.
Address	PO BOX 9190
City-State-Zip:	DES MOINES IA 50306-9190

Title	TREASURER, TREASURER
Name	BAIO, RICHARD M
Address	475 STEAMBOAT ROAD
City-State-Zip:	GREENWICH CT 06830

Title	DIRECTOR
Name	HANCOCK, PAUL J
Address	475 STEAMBOAT DRIVE
City-State-Zip:	GREENWICH CT 06830

Title	ASSISTANT TREASURER
Name	TINGLEFF, SUSAN P
Address	PO BOX 9190
City-State-Zip:	DES MOINES IA 50306-9190

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 A BRAUD JR — ASSISTANT TREASURER — 04/22/2022

Electronic Signature of Signing Officer/Director Detail — Date