

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000003484

Entity Name: VERSANT CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

190 E CAPITOL ST., SUITE 800
JACKSON, MS 39201

Current Mailing Address:

PO BOX 84410
BATON ROUGE, LA 70884-4410 US

FEI Number: 72-1493778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
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 P
Name DECELL, J. KEITH
Address 10543 S. GLENSTONE PLACE
City-State-Zip: BATON ROUGE LA 70810

Title D
Name YARBROUGH, BRADFORD O
Address 10543 S. GLENSTONE PLACE
City-State-Zip: BATON ROUGE LA 70810

Title ST
Name THOMAS, ROBERT L
Address 10543 S. GLENSTONE PLACE
City-State-Zip: BATON ROUGE LA 70810

Title CFO
Name THOMAS, ROBERT L
Address 10543 S. GLENSTONE PLACE
City-State-Zip: BATON ROUGE LA 70810

Title D
Name CANNON, JONATHAN T
Address 10543 S. GLENSTONE PLACE
City-State-Zip: BATON ROUGE LA 70810

Title D
Name MASSEY, JAMES W
Address 10543 S. GLENSTONE PLACE
City-State-Zip: BATON ROUGE LA 70810

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: ROBERT THOMAS

CFO

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date