

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005183

Entity Name: PROASSURANCE CASUALTY COMPANY**Current Principal Place of Business:**100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209**Current Mailing Address:**100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209 US**FEI Number: 38-2317569****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	D
Name	LISENBY, JEFFREY P
Address	100 BROOKWOOD PL
City-State-Zip:	BIRMINGHAM AL 35209

Title	D
Name	FRIEDMAN, HOWARD H
Address	100 BROOKWOOD PLACE
City-State-Zip:	BIRMINGHAM AL 35209

Title	S
Name	NEVILLE, KATHRYN A
Address	100 BROOKWOOD PLACE
City-State-Zip:	BIRMINGHAM AL 35209

Title	V
Name	BOWLBY, JEFFREY L
Address	100 BROOKWOOD PL
City-State-Zip:	BIRMINGHAM AL 35209

Title	PD
Name	THOMAS, DARRYL K
Address	100 BROOKWOOD PLACE
City-State-Zip:	BIRMINGHAM AL 35209

Title	T, DIRECTOR
Name	RAND, EDWARD LJR.
Address	100 BROOKWOOD PLACE
City-State-Zip:	BIRMINGHAM AL 35209

Title	DIRECTOR, VP
Name	BRICKLEY, VICKI L
Address	100 BROOKWOOD PLACE
City-State-Zip:	BIRMINGHAM AL 35209

Title	CHAIRMAN
Name	STARNES, W. STANCIL
Address	100 BROOKWOOD PLACE
City-State-Zip:	BIRMINGHAM AL 35209

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: KATHRYN A. NEVILLE**SECRETARY****05/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date