

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214528255

1.) CORPORATION NAME:

ProAssurance Casualty Company

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1337775**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2600 PROFESSIONALS DR BOX 150

CITY/ST/ZIP: OKEMOS, MI 48805-0150

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DARRYL K THOMAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 BROOKWOOD PLACE		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME:	JEFFREY L BOWLBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	2600 PROFESSIONALS DRIVE BOX 150		
CITY/ST/ZIP/CO:	OKEMOS, MI 48805-0150		

NAME:	EDWARD L RAND, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	100 BROOKWOOD PL		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME:	KATHRYN A NEVILLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	100 BROOKWOOD PLACE		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35259-0009		

NAME:	W. STANCIL STARNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	100 BROOKWOOD PLACE		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME:	VICKI L. BRICKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 PROFESSIONALS DRIVE		
CITY/ST/ZIP/CO:	OKEMOS, MI 48864		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD H. FRIEDMAN DIRECTOR 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY P LIENBY DIRECTOR 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209-0150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KATHRYN A NEVILLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHRYN A NEVILLE, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/30/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.