

1.) CORPORATION NAME:

California Casualty Management Company

DUE DATE: **7/31/2011**

SCC ID NO: **F1432253**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,800,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 ALAMEDA DE LAS PULGAS

CITY/ST/ZIP: SAN MATEO, CA 94403-1298

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: CARL B BROWN
TITLE: PRESIDENT
ADDRESS: 1900 ALAMEDA DE LAS PULGAS
CITY/ST/ZIP/CO: SAN MATEO, CA 94403-1298

OFFICER

DIRECTOR

NAME: JAMES M SEVEY
TITLE: SECRETARY
ADDRESS: 1900 ALAMEDA DE LAS PULGAS
CITY/ST/ZIP/CO: SAN MATEO, CA 94403-1298

OFFICER

DIRECTOR

NAME: MICHAEL A RAY
TITLE: CFO
ADDRESS: 1900 ALAMEDA DE LAS PULGAS
CITY/ST/ZIP/CO: SAN MATEO, CA 94403-1298

OFFICER

DIRECTOR

NAME: KENNETH G BERRY
TITLE: DIRECTOR
ADDRESS: 3800 CLAY ST
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94118-

OFFICER

DIRECTOR

NAME: THOMAS R BROWN
TITLE: DIRECTOR
ADDRESS: 1900 ALAMEDA DE LAS PULGAS
CITY/ST/ZIP/CO: SAN MATEO, CA 94403-1298

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACKIE A. GATLIN DIRECTOR 1650 TELSTAR DRIVE COLORADO SPRINGS, CO 80920-1004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH G. BERRY DIRECTOR 3800 CLAY STREET SAN FRANCISCO, CA 94118-1616	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G. MARSTON NAUMAN DIRECTOR 1900 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403-1298	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER GOLDBERG DIRECTOR 1900 ALAMEDA DE LAS PULGAS SAN MATEO, VA 94403-1298	<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/ JAMES M SEVEY	JAMES M SEVEY, SECRETARY	6/7/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.