

1.) CORPORATION NAME:

California Casualty Management Company

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

SCC ID NO: **F1432253**

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.

<p>NAME: CARL B BROWN TITLE: PRESIDENT ADDRESS: 1900 ALAMEDA DE LAS PULGAS CITY/ST/ZIP/CO: SAN MATEO, CA 94403-1298</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES R ENGLESE TITLE: SECRETARY ADDRESS: 1900 ALAMEDA DE LAS PULGAS CITY/ST/ZIP/CO: SAN MATEO, CA 94403-1298</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL A RAY TITLE: CFO ADDRESS: 1900 ALAMEDA DE LAS PULGAS CITY/ST/ZIP/CO: SAN MATEO, CA 94403-1298</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KENNETH G BERRY TITLE: DIRECTOR ADDRESS: 3800 CLAY ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94118</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS R BROWN TITLE: DIRECTOR ADDRESS: 1900 ALAMEDA DE LAS PULGAS CITY/ST/ZIP/CO: SAN MATEO, CA 94403-1298</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JACKIE A. GATLIN TITLE: DIRECTOR ADDRESS: 1650 TELSTAR DRIVE CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80920-1004</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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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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:	JAMES M. SEVEY DIRECTOR 48577 VISTA PALOMINO LA QUINTA, CA 92253	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH L VOLPONI DIRECTOR 1900 ALAMEDA DE LAS PULGAS SAN MATEO, CA 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 R ENGLESE	JAMES R ENGLESE, SECRETARY	7/14/2015
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.