

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002892

FILED
Feb 21, 2011
Secretary of State

Entity Name: GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

9800 FREDERICKSBURG RD
SAN ANTONIO, TX 78288

New Principal Place of Business:

Current Mailing Address:

9800 FREDERICKSBURG RD
SAN ANTONIO, TX 78288

New Mailing Address:

FEI Number: 43-1803614 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DSVP
Name: GANNON, ALICE H
Address: 9800 FREDERICKSBURG RD
City-St-Zip: SAN ANTONIO, TX 78288

Title: PD
Name: PARKER, STUART B
Address: 9800 FREDERICKSBURG RD
City-St-Zip: SAN ANTONIO, TX 78288

Title: DVPS
Name: BENNETT, STEVEN A
Address: 9800 FREDERICKSBURG RD
City-St-Zip: SAN ANTONIO, TX 78288

Title: D
Name: KRAPF, ALAN W
Address: 9800 FREDERICKSBURG RD
City-St-Zip: SAN ANTONIO, TX 78288

Title: DCEO
Name: ROBLES, JOSUE JR
Address: 9800 FREDERICKSBURG RD
City-St-Zip: SAN ANTONIO, TX 78288

Title: DSVP
Name: MCCARTNEY, WILLIAM H
Address: 9800 FREDERICKSBURG RD
City-St-Zip: SAN ANTONIO, TX 78288

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: WILLIAM H MCCARTNEY

DSVP

02/21/2011

Electronic Signature of Signing Officer or Director

_____ Date