

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000289

FILED
Apr 27, 2012
Secretary of State

Entity Name: COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

51 CLEMSON ROAD
COLUMBIA, SC 29229 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100165
COLUMBIA, SC 29202 US

New Mailing Address:

FEI Number: 57-0768836

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 323990000 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: DCEO
Name: PANKAU, DAVIS S
Address: 17 FOX CHASE ROAD
City-St-Zip: COLUMBIA, SC 29223

Title: D
Name: SULLIVAN, JOSEPH F
Address: 1 KIRKWOOD STREET
City-St-Zip: CAMDEN, SC 29020

Title: D
Name: DAVIS, JUDITH M
Address: 5123 LAKESHORE DR
City-St-Zip: COLUMBIA, SC 29206

Title: DP
Name: REETH, GEORGE P
Address: 12 DELLWOOD PKWY EAST
City-St-Zip: MADISON, NJ 07940

Title: D
Name: WIGGINS, STEPHEN K
Address: 510 WINDING WAY
City-St-Zip: COLUMBIA, SC 29212 US

Title: DT
Name: MIZEUR, MICHAEL J
Address: 122 GOLDENTHAL CT
City-St-Zip: CARY, NC 27519

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: JENNIFER A. THORNE

VP

04/27/2012

Electronic Signature of Signing Officer or Director

_____ Date