

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002892

**FILED**  
**Mar 20, 2014**  
**Secretary of State**  
**CC7717976365**

**Entity Name:** GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

9800 FREDERICKSBURG RD  
SAN ANTONIO, TX 78288

**Current Mailing Address:**

9800 FREDERICKSBURG RD  
SAN ANTONIO, TX 78288

**FEI Number: 43-1803614**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

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

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

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

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

Title           DIRECTOR, PRESIDENT  
Name           BERGNER, KEVIN J  
Address        9800 FREDERICKSBURG RD  
City-State-Zip: SAN ANTONIO TX 78288

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

Title           DIRECTOR, VP, ASST. SECRETARY  
Name           THOMAS, KRISTINE M  
Address        9800 FREDERICKSBURG RD  
City-State-Zip: SAN ANTONIO TX 78288

Title           TREASURER  
Name           KIMBALL, DAVID K  
Address        9800 FREDERICKSBURG RD  
City-State-Zip: SAN ANTONIO TX 78288

**Continues on page 2**

*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: KAREN S. MORRIS**

**DIRECTOR, VP, ASST.  
SECRETARY**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VP, ASST. SECRETARY  
Name MORRIS, KAREN S  
Address 9800 FREDERICKSBURG RD  
City-State-Zip: SAN ANTONIO TX 78288

Title VP  
Name ROSILIER, JOHN D  
Address 9800 FREDERICKSBURG RD  
City-State-Zip: SAN ANTONIO TX 78288

Title VP  
Name REGISTER, KIRSTEN M  
Address 9800 FREDERICKSBURG RD  
City-State-Zip: SAN ANTONIO TX 78288

Title VP  
Name WAGEMAN, PATRICK A  
Address 9800 FREDERICKSBURG RD  
City-State-Zip: SAN ANTONIO TX 78288