

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 26, 2013
Secretary of State
CC7206150455

Entity Name: COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

51 CLEMSON ROAD
COLUMBIA, SC 29229

Current Mailing Address:

P.O. BOX 100165
COLUMBIA, SC 29202 US

FEI Number: 57-0768836

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 DCEO
Name PANKAU, DAVIS S
Address 17 FOX CHASE ROAD
City-State-Zip: COLUMBIA SC 29223

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

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

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

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

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

Title VICE PRESIDENT / CFO
Name THORNE, JENNIFER
Address 7 HIGH PARK COURT
City-State-Zip: ELGIN SC 29045

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 THORNE

VP / CFO

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date