2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# 842128

Entity Name: DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

200 NORTH LASALLE STREET
2200
CHICAGO, IL 60601 US

New Principal Place of Business:

Current Mailing Address:

385 WASHINGTON STREET
MAIL CODE 515A
ST PAUL, MN 55102 US

New Mailing Address:

385 WASHINGTON STREET
MAIL CODE NB15A
ST PAUL, MN 55102 US

FEI Number: 36-2999370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CHODORA, GREGORY T	
Address:	385 WASHINGTON STREET	
City-St-Zip:	ST. PAUL, MN 55102	
Title:	PD	( ) Delete
Name:	WRIGHT, ARTHUR W	
Address:	ONE TOWER SQUARE	
City-St-Zip:	HARTFORD, CT 06183	
Title:	VT	( ) Delete
Name:	RUSSELL, DOUGLAS K	
Address:	ONE TOWER SQUARE	
City-St-Zip:	HARTFORD, CT 06183	
Title:	D	( ) Delete
Name:	MACLEAN, BRIAN W	
Address:	ONE TOWER SQUARE	
City-St-Zip:	HARTFORD, CT 06183	
Title:	VT	( ) Delete
Name:	RUSSELL, DOUGLAS K	
Address:	ONE TOWER SQUARE	
City-St-Zip:	HARTFORD, CT 06183	
Title:	S	( ) Delete
Name:	BACKBERG, BRUCE A	
Address:	385 WASHINGTON ST	
City-St-Zip:	ST. PAUL, MN 55102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KYRILIS, PAUL B	
Address:	215 SHUMAN BLVD.	
City-St-Zip:	NAPERVILLE, IL 60563	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE A. BACKBERG S 03/27/2007

Electronic Signature of Signing Officer or Director Date