## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 842128**

FILED Mar 26, 2009 Secretary of State

Entity Name: DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

	rincipal Plac	e of Business:	New Prin	cipal Place of Business:		
	H LASALLE S	STREET				
2200 CHICAGO,	IL 60601	US				
Current Mailing Address:			New Mail	New Mailing Address:		
885 WASHINGTON STREET		385 WASI	385 WASHINGTON STREET			
MAIL CODI ST PAUL, I	E NB15A MN 55102	US	MAIL COE ST PAUL,	DE NB16L MN 55102 US		
El Number:	36-2999370	FEI Number Applied For ( )	FEI Number Not App	Dicable ( ) Certificate of Status D	esired ( )	
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Age	ent:	
CORPORA	ATION SERVI	CE COMPANY				
1201 HAYS TALLAHAS	SSTREET SSEE, FL 323	801 US				
The above	named entity	submits this statement for the	e purpose of changing	its registered office or registered ag	ent, or both,	
n the State	of Florida.					
SIGNATUR	RE:					
	Electro	nic Signature of Registered A	gent	Date		
Election Carr	npaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS	AND DIREC	CTORS:	ADDITIO	NS/CHANGES TO OFFICERS AND	DIRECTORS	
Γitle:	D (	) Delete	Title:	D (X) Change ( ) Addition	DIRECTORS	
Γitle: Name:	D ( CHODORA, G	) Delete REGORY T	Title: Name:	D (X) Change ( ) Addition BENET, JAY S	DIRECTORS	
OFFICERS  Fitle:  Name:  Address:  City-St-Zip:	D (	) Delete REGORY T STON STREET	Title:	D (X) Change ( ) Addition BENET, JAY S ONE TOWER SQUARE	DIRECTORS	
Fitle: Name: Address: City-St-Zip:	D ( CHODORA, GI 385 WASHING ST. PAUL, MN	) Delete REGORY T STON STREET 55102	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BENET, JAY S ONE TOWER SQUARE HARTFORD, CT 06183	DIRECTORS	
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I hereby certify that the information supplied with this filing does not qualify 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: WENDY C. SKJERVEN S 03/26/2009