2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842128

FILED Mar 28, 2012 Secretary of State

Entity Name: DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

200 NORTH LASALLE STREET 161 N. CLARK STREET

SUITE 900 2200

CHICAGO, IL 60601 CHICAGO, IL 60601

Current Mailing Address: New Mailing Address:

385 WASHINGTON STREET MAIL CODE NB16L 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: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title:

Name: BENET, JAY S ONE TOWER SQUARE Address: City-St-Zip: HARTFORD, CT 06183

Title: PD

Name: MACLEAN, BRIAN W ONE TOWER SQUARE Address: HARTFORD, CT 06183 City-St-Zip:

Title:

OLIVO, MARIA Name:

485 LEXINGTON AVENUE Address: City-St-Zip: NEW YORK, NY 10017

Title:

SPENCE, KENNETH F III Name: Address: 385 WASHINGTON STREET City-St-Zip: ST. PAUL, MN 55102

Title:

Name: KYRILIS, PAUL B Address: 215 SHUMAN BLVD. City-St-Zip: NAPERVILLE, IL 60563

Title:

SKJERVEN, WENDY C Name: Address: 385 WASHINGTON ST City-St-Zip: ST. PAUL. MN 55102

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: WENDY C. SKJERVEN S 03/28/2012