

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15063

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: KANAWHA INSURANCE COMPANY

**Current Principal Place of Business:**

210 SOUTH WHITE STREET  
LANCASTER, SC 29720

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 740026  
LOUISVILLE, KY 40202 US

**New Mailing Address:**

FEI Number: 57-0380426      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: VP  
Name: BAUERNFEIND, GEORGE  
Address: 500 WEST MAIN STREET  
City-St-Zip: LOUISVILLE, KY 40202

Title: S  
Name: LENAHAN, JOAN O  
Address: 500 WEST MAIN STREET  
City-St-Zip: LOUISVILLE, KY 40202

Title: P  
Name: VAUGHAN, R. DALE  
Address: 210 S WHITE ST  
City-St-Zip: LANCASTER, SC 29720

Title: TCFO  
Name: BLOEM, JAMES H  
Address: 500 WEST MAIN STREET  
City-St-Zip: LOUISVILLE, KY 40202

Title: D  
Name: MCCALLISTER, MICHAEL B  
Address: 500 WEST MAIN STREET  
City-St-Zip: LOUISVILLE, KY 40202

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: GEORGE BAUERNFEIND

VP

04/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date