

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808202

**Entity Name:** CANAL INSURANCE COMPANY

**Current Principal Place of Business:**

101 N. MAIN ST., STE. 400  
GREENVILLE, SC 29601

**Current Mailing Address:**

P.O. BOX 7  
GREENVILLE, SC 29602 US

**FEI Number:** 57-0133332

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
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

**Officer/Director Detail :**

Title	PRESIDENT & CEO	Title	SVP, TREASURER & CFO
Name	BROCKLEBANK, PAUL WILLIAM	Name	RZEPINSKI, JOHN E.
Address	400 EAST STONE AVE	Address	400 EAST STONE AVE
City-State-Zip:	GREENVILLE SC 29601	City-State-Zip:	GREENVILLE SC 29601
Title	SVP, SECRETARY, GENERAL COUNSEL & CHIEF CLAIMS OFFICER	Title	VP FINANCE
Name	GREENE, CHRISTOPHER B.	Name	MCDANIEL, C. DOUGLAS
Address	400 E. STONE AVE.	Address	400 E. STONE AVE.
City-State-Zip:	GREENVILLE SC 29601	City-State-Zip:	GREENVILLE SC 29601

*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:** C. DOUGLAS MCDANIEL

VP FINANCE

02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date