

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 842128

**Entity Name:** DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**ONE TOWER SQUARE  
HARTFORD, CT 06183**Current Mailing Address:**ONE TOWER SQUARE  
HARTFORD, CT 06183 US**FEI Number:** 36-2999370**Certificate of Status Desired:** No**Name and Address of Current 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

**Officer/Director Detail :**

Title D, CFO  
Name FREY, DANIEL S  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title PD  
Name SEMINARA, NICHOLAS  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title T  
Name RUSSELL, DOUGLAS K  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title D  
Name KALLA, CHRISTINE K  
Address 385 WASHINGTON STREET  
City-State-Zip: ST. PAUL MN 55102

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

Title DIRECTOR, VC  
Name HEYMAN, WILLIAM H  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR  
Name TOCZYDLOWSKI, GREGORY C.  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

*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:** NICHOLAS SEMINARA**PRESIDENT****03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date