

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15063

FILED
Apr 14, 2016
Secretary of State
CC2073298667

Entity Name: KANAWHA INSURANCE COMPANY

Current Principal Place of Business:

210 SOUTH WHITE STREET
LANCASTER, SC 29720

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40202 US

FEI Number: 57-0380426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 VICE PRESIDENT
Name ROBINSON, HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title TREASURER
Name BAILEY, ALAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT AND CEO
Name BROUSSARD, BRUCE
Address 500 WEST MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MURRAY, JAMES
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, SENIOR VICE PRESIDENT AND CFO
Name KANE, BRIAN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, GROUP SEGMENT
Name BIERBOWER, ELIZABETH
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, RETAIL SEGMENT
Name WHEATLEY, TIMOTHY ALAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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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: HANK ROBINSON

VICE PRESIDENT

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SEGMENT VICE PRESIDENT AND PRESIDENT,
SMALL BUSINESS AND LARGE GROUP
Name QUIRAM, TAMARA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, MEDICARE
OPERATIONS
Name MCCULLEY, STEVEN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF COMPLIANCE
OFFICER
Name CATRON, JOHN GREGORY
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF ACTUARY
Name KAN, KENNY
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT MANAGEMENT
Name PRESTON, WILLIAM MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name WILSON, RALPH
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE SECRETARY
Name VENTURA, JOSEPH
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF
INFORMATION OFFICER
Name LECLAIRE, BRIAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND APPOINTED
ACTUARY
Name CANINE, JONATHAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name GIBB, THOMAS
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, GROUP SEGMENT
LEADERSHIP
Name MATZKE, MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, GROUP SEGMENT
Name REMMERS, RICHARD
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF
ACCOUNTING OFFICER
Name ZIPPERLE, CYNTHIA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202