

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15063

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 VP
Name ROBINSON, HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title S
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 CEO P D
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
Name BEVERIDGE, ROY
Address 500 W MAIN STREET
City-State-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: HANK ROBINSON

VICE PRESIDENT

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date