

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808202

**Entity Name:** CANAL INSURANCE COMPANY

**Current Principal Place of Business:**

400 E. STONE AVE.  
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  
Name            BROCKLEBANK, PAUL WILLIAM  
Address        400 EAST STONE AVE  
City-State-Zip: GREENVILLE SC 29601

Title            SVP, TREASURER & CFO  
Name            RZEPINSKI, JOHN E.  
Address        400 EAST STONE AVE  
City-State-Zip: GREENVILLE SC 29601

Title            SVP, SECRETARY, GENERAL  
                  COUNSEL & CHIEF CLAIMS OFFICER  
Name            GREENE, CHRISTOPHER B.  
Address        400 E. STONE AVE.  
City-State-Zip: GREENVILLE SC 29601

Title            VP FINANCE  
Name            MCDANIEL, C. DOUGLAS  
Address        400 E. STONE AVE.  
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

02/08/2021

Electronic Signature of Signing Officer/Director Detail

Date