

2024 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:**101 N. MAIN ST., STE. 400
GREENVILLE, SC 29601 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, DIRECTOR
Name	BROCKLEBANK, PAUL WILLIAM
Address	101 N. MAIN ST., STE. 400
City-State-Zip:	GREENVILLE SC 29601

Title	TREASURER
Name	RZEPINSKI, JOHN E.
Address	101 N. MAIN ST., STE. 400
City-State-Zip:	GREENVILLE SC 29601

Title	VP
Name	GREENE, CHRISTOPHER B.
Address	101 N. MAIN ST., STE. 400
City-State-Zip:	GREENVILLE SC 29601

Title	SECRETARY
Name	COLVIN, ANDREW E
Address	101 N. MAIN ST., STE. 400
City-State-Zip:	GREENVILLE SC 29601

Title	DIRECTOR
Name	PELHAM CULLEN, ANN
Address	101 N. MAIN ST., STE. 400
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: ANDREW E. COLVIN**SECRETARY****04/25/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date