

**2014 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 BAUERNFEIND, GEORGE  
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 INTERIM CFO  
Name MCCULLEY, STEVEN  
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:** GEORGE BAUERNFEIND

**VICE PRESIDENT**

**03/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date