

2018 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 VICE PRESIDENT, TAX
Name ROBINSON, HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

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

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

Title SENIOR VICE PRESIDENT, MEDICARE
Name MCCULLEY, STEVEN
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

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VICE PRESIDENT, INVESTMENTS
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 SENIOR VICE PRESIDENT, ASSOCIATE
GENERAL COUNSEL & CORPORATE SECRETARY
Name VENTURA, JOSEPH C
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title APPOINTED ACTUARY
Name BESENDORF, ANDREW J
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,
EMPLOYERS GROUP AND
SPECIALITY
Name MATZKE, MARK M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

Title MARKET VICE PRESIDENT
Name HAMMOND, P. ANTHONY
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, CHIEF
COMPLIANCE OFFICER
Name O'REILLY, SEAN J
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202