

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211523346

1.) CORPORATION NAME:

**DISCOVER PROPERTY & CASUALTY INSURANCE
COMPANY**

DUE DATE: **11/30/2011**

SCC ID NO: **F0375156**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	42,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 NORTH LASALLE STREET
STE 2200

CITY/ST/ZIP: CHICAGO, IL 60601-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WENDY C. SKJERVEN
TITLE: CORP SEC
ADDRESS: 385 WASHINGTON ST
CITY/ST/ZIP/CO: ST PAUL, MN 55102-

OFFICER

DIRECTOR

NAME: MARIA OLIVO
TITLE: EVP/TREAS
ADDRESS: 485 LEXINGTON AVE STE 400
CITY/ST/ZIP/CO: NEW YORK, NY 10017-2030

OFFICER

DIRECTOR

NAME: JAMES COWAN ADAMS
TITLE: SVP, PROP INV
ADDRESS: 385 WASHINGTON STREET
CITY/ST/ZIP/CO: ST. PAUL, MN 55102-

OFFICER

DIRECTOR

NAME: JAY STEVEN BENET
TITLE: VICE CHAIRMAN
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183-

OFFICER

DIRECTOR

NAME: JOHN COSTELLO TITLE: DIRECTOR ADDRESS: 200 N. LASALLE STREET SUITE 2200 CITY/ST/ZIP/CO: CHICAGO, IL 60601-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM H. HEYMAN TITLE: DIRECTOR ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GEORGE R. HOGAN TITLE: DIRECTOR ADDRESS: 200 N. LASALLE STREET SUITE 2200 CITY/ST/ZIP/CO: CHICAGO, IL 60601-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAUL B. KYRILIS TITLE: DIRECTOR ADDRESS: 215 SHUMAN BLVD SUITE 201 CITY/ST/ZIP/CO: NAPERVILLE, IL 60563-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN W. MACLEAN TITLE: PRESIDENT ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KENNETH F. SPENCE, III TITLE: DIRECTOR ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ WENDY C. SKJERVEN	WENDY C. SKJERVEN, CORP SEC	9/30/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		