

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

Garrison Property and Casualty Insurance Company

SCC ID NO: **F1578931**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9800 FREDERICKSBURG RD

CITY/ST/ZIP: SAN ANTONIO, TX 78288

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.

<p>NAME: KEVIN J BERGNER TITLE: P/D ADDRESS: 9800 FREDERICKSBURG RD CITY/ST/ZIP/CO: SAN ANTONIO, TX 78288</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVEN A BENNETT TITLE: EXEC VP/S ADDRESS: 9800 FREDERICKSBURG RD CITY/ST/ZIP/CO: SAN ANTONIO, TX 78288</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOSUE ROBLES JR TITLE: CEO ADDRESS: 9800 FREDERICKSBURG RD CITY/ST/ZIP/CO: SAN ANTONIO, TX 78288</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALICE H GANNON TITLE: VICE PRESIDENT ADDRESS: 9800 FREDERICKSBURG ROAD CITY/ST/ZIP/CO: SAN ANTONIO, TX 78288</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Alan W Krapf TITLE: DIRECTOR ADDRESS: 9800 Fredericksburg Road CITY/ST/ZIP/CO: San Antonio, TX 78288</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Karen S Morris TITLE: ASST SECRETARY ADDRESS: 9800 Fredericksburg Road CITY/ST/ZIP/CO: San Antonio, TX 78288</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Stuart B Parker TITLE: DIRECTOR ADDRESS: 9800 Fredericksburg Road CITY/ST/ZIP/CO: San Antonio, TX 78288	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Kristine M Thomas TITLE: ASST SECRETARY ADDRESS: 9800 Fredericksburg Road CITY/ST/ZIP/CO: San Antonio, TX 78288	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: David K Kimball TITLE: TREASURER ADDRESS: 9800 Fredericksburg Road CITY/ST/ZIP/CO: San Antonio, TX 78288	<input checked="" type="checkbox"/>	OFFICER	<input 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/ Kristine M Thomas SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Kristine M Thomas, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/26/2014 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.				