



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 001063643

2. Name of Corporation THP Insurance Company

3. Street Address Principal Business Office:

No. and Street: 42160 NATIONAL ROAD EAST

City or Town: ST. CLARSVILLE

State: OH Zip: 43950 Country: USA

4. Business Phone No.

800-624-6961

5. State of Incorporation

State: WV

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDE ADMINISTRATIVE SERVICES FOR INSURANCE COMPANIES AND EMPLOYERS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES M. PENNINGTON	52160 NATIONAL ROAD EAST ST. CLAIREVILLE, OH 43950 USA
CFO	JEFFREY M KNIGHT	52160 NATIONAL ROAD EAST ST. CLAIRSVILLE, OH 43950 USA
DIRECTOR	JOHN D HOLLOWAY	52160 NATIONAL ROAD EAST ST. CLAIRSVILLE, OH 43950 USA
DIRECTOR	JOHN E WRIGHT, IV	52160 NATIONAL ROAD EAST ST. CLAIRSVILLE, OH 43950 USA

DIRECTOR	JAMES M PENNINGTON	52160 NATIONAL ROAD EAST ST. CLAIRSVILLE, OH 43950 USA
DIRECTOR	JEFFREY M KNIGHT	52160 NATIONAL ROAD E ST. CLAIRSVILLE, OH 43950 USA
DIRECTOR	NICHOLAS P ZERVOS	52160 NATIONAL ROAD EAST ST. CLAIRSVILLE, OH 43950 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$100.0000	15,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 2 Day of January, 2016 at 10:35:17 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JAMES M PENNINGTON
Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved