

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000289 (6)
 1. Corporation Name
COMPANION PROPERTY AND CASUALTY INSURANCE COMPAN
Y



Principal Place of Business 51 CLEMSON ROAD COLUMBIA SC 29229 US	Mailing Address 51 CLEMSON ROAD COLUMBIA SC 29223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-0768836	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip 29229	30	Country
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLER, M E	1.2 NAME	
STREET ADDRESS	4646 PINE GROVE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOSEPH F	2.2 NAME	
STREET ADDRESS	1 KIRKWOOD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN SC	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULDS, THOMAS G	3.2 NAME	
STREET ADDRESS	312 WEST SPRINGS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTOK, CHARLES M	4.2 NAME	
STREET ADDRESS	311 EAST SPRINGS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, VIVIAN B	5.2 NAME	
STREET ADDRESS	505 WOODLANDS RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEICHTLE, ROBERT A	6.2 NAME	
STREET ADDRESS	8 OAK BLUFF COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Charles M. Potok* **CHARLES M. POTOK** **APRIL 17, 1998** **803 755 0672**

CR2E034 (10/97)