

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

001461

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 16 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000289

1. Corporation Name
COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY

Principal Place of Business Mailing Address
51 CLEMSON ROAD COLUMBIA SC 29229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
57-0768836 Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. 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 **FL** 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 |
| NAME | SELLER, M E | |
| STREET ADDRESS | 4646 PINE GROVE COURT | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SULLIVAN, JOSEPH F | |
| STREET ADDRESS | 1 KIRKWOOD STREET | |
| CITY-ST-ZIP | CAMDEN SC | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FAULDS, THOMAS G | |
| STREET ADDRESS | 312 WEST SPRINGS ROAD | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | POTOK, CHARLES M | |
| STREET ADDRESS | 311 EAST SPRINGS ROAD | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | GRAY, VIVIAN B | |
| STREET ADDRESS | 505 WOODLANDS RIDGE ROAD | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LEICHTLE, ROBERT A | |
| STREET ADDRESS | 8 OAK BLUFF COURT | |
| CITY-ST-ZIP | COLUMBIA SC | |

| | |
|-------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | 100002911281--9 |
| 13 STREET ADDRESS | -06/21/99--01153--024 |
| 14 CITY-ST-ZIP | ***550.00 ***550.00 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 2 4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99 Date

803 735 0672 Daytime Phone #
X45300

CR2E034 (11/98)