

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90404 036 ***150.00

DOCUMENT # F96000000289

1. Entity Name
COMPANION PROPERTY AND CASUALTY INSURANCE COMPAN

| | |
|---|--|
| Principal Place of Business 51 CLEMSON ROAD COLUMBIA SC 29229 US | Mailing Address 51 CLEMSON ROAD COLUMBIA SC 29229-6543 US |
|---|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|--------------------------|---------------------------------------|--------------------------|
| 4. FEI Number | 57-0768836 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |

| | | | |
|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | | |
| INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300 | Name | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | |
| | City | FL | Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD SELLER, M E 4646 PINE GROVE COURT COLUMBIA SC | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SULLIVAN, JOSEPH F 1 KIRKWOOD STREET CAMDEN SC | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FAULDS, THOMAS G 312 WEST SPRINGS ROAD COLUMBIA SC | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POTOK, CHARLES M 311 EAST SPRINGS ROAD COLUMBIA SC | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRAY, VIVIAN B 505 WOODLANDS RIDGE ROAD COLUMBIA SC | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LEICHTLE, ROBERT A 8 OAK BLUFF COURT COLUMBIA SC | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HORTON, WILLIAM R. JR 6157 BELLAIR SHORE RD. COLUMBIA SC | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/20/00** **803 735 0672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/99)