

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90090 005 \*\*\*150.00

**DOCUMENT # F96000000289**

1. Entity Name  
**COMPANION PROPERTY AND CASUALTY INSURANCE COMPAN**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 51 CLEMSON ROAD COLUMBIA SC 29229 US	Mailing Address 51 CLEMSON ROAD COLUMBIA SC 29229 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>57-0768836</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 CAPITOL  
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	HORTON, WILLIAM R JR.	
STREET ADDRESS	6157 EASTSHORE RD.	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Charles M. Potok **CHARLES M. POTOK** 4-25-01 803-264-5387  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)