

05-07-2002 90236 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000000289**
 1. Entity Name
Companion Property & Casualty Ins. Co.

DO NOT WRITE IN THIS SPACE



33120

2. Principal Place of Business
51 Clemson Road
 Suite, Apt. #, etc.

3. Mailing Address
51 Clemson Road
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Columbia, SC

City & State
Columbia, SC

Zip
29229 Country **US**

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29229 Country **US**

4. FEI Number
57-0768836 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Insurance Commissioner**

Street Address (P.O. Box Number Is Not Acceptable)
Capitol

City **Tallahassee** FL Zip Code **32399-0300**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 to May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$6125
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Seller, M E 4646 Pine Grove Court Columbia, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sullivan, Joseph F. 1 Kirkwood Street Camden, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Horton, William R. Sr. 6157 Eastshore Road Columbia, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Potok, Charles M. 311 East Springs Road Columbia, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gray, Vivian B. 505 Woodlands Ridge Road Columbia, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Leichte, Robert A. 8 Oak Bluff Court Columbia, SC

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles M. Potok** 4-26-02 803-264-5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

Attachment 33129
F9600000289

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

~~May 21, 2002~~

Dear Sir or Madam:

In response to your letter dated May 14, 2002, we are enclosing a corrected Uniform Business Report.

We apologize for any inconvenience this may have caused. If you have any questions or need additional information, please contact me at 1-800-845-2724, extension 45658. Thank you.

Sincerely,

Katie Nicholson

Katie Nicholson
Accountant I