


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90260 029 ***150.00

DOCUMENT # F9600000289

1. Entity Name:
COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business: **51 CLEMSON ROAD COLUMBIA, SC 29229 US**

Mailing Address: **51 CLEMSON ROAD COLUMBIA, SC 29229 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number: **57-0768836**

Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: SELLERS, 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: PCD	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Sellers, M.E.	
STREET ADDRESS: 4645 Pine Grove Court	
CITY-ST-ZIP: Columbia, SC	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Davis, Judith M.	
STREET ADDRESS: 5123 Lakeshore Drive	
CITY-ST-ZIP: Columbia, SC	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Fleming, Douglas R.	
STREET ADDRESS: 25 Wotan Lane	
CITY-ST-ZIP: Columbia, SC	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Shrader, William R.	
STREET ADDRESS: 2828 Gervais Street	
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: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/19/05** **803-264-5300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #