

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90386 014 ***150.00

DOCUMENT # *F96000000289*

1. Entity Name

Compani on Property and Casualty Insurance Company



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

51 Clemson Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 100165

Suite, Apt. #, etc.

City & State

Columbia, SC

City & State

Columbia, SC

Zip

29229

Country

Zip

29202

Country

4. FEI Number

57-0768836

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

40075013

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Director	TITLE	
NAME	M. E. Sellers	NAME	
STREET ADDRESS	4645 Pine Grove Court,	STREET ADDRESS	
CITY-ST-ZIP	Columbia, SC	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Joseph F. Sullivan	NAME	
STREET ADDRESS	1 Kirkwood Street	STREET ADDRESS	
CITY-ST-ZIP	Camden, SC	CITY-ST-ZIP	
TITLE	Director - Property & Casualty	TITLE	
NAME	Charles M. Potck	NAME	
STREET ADDRESS	311 East Springs Road	STREET ADDRESS	
CITY-ST-ZIP	Columbia, SC	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Vivian B. Gray	NAME	
STREET ADDRESS	505 Woodlands Ridge Road	STREET ADDRESS	
CITY-ST-ZIP	Columbia, SC	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Robert A. Leichte	NAME	
STREET ADDRESS	8 Oak Bluff Court	STREET ADDRESS	
CITY-ST-ZIP	Columbia, SC	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Judith M. Davis	NAME	
STREET ADDRESS	5123 Lakeshore Drive	STREET ADDRESS	
CITY-ST-ZIP	Columbia, SC	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/06

Date

(803) 735-0672

Daytime Phone #

ATTACHMENT

40075013

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Uniform Business Report (UBR) – Page 2

Additional Officers/Directors

Companion Property and Casualty
51 Clemson Road
Columbia, SC 29229
FEI Number #57-0768836

Director

William R. Shrader
2828 Gervais Street
Columbia, SC

Director

William J. Meyer
2737 Cypress Bend Road
Florence, SC

Director

Stephen K. Wiggins
510 Winding Way
Columbia, SC

ATTACHMENT

40075013

F96000000289



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

April 19, 2006

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

Dear Sir or Madam:

Enclosed is the 2006 Uniform Business Report for **Companion Property and Casualty Insurance Company**. The filing fee of \$150 is included.

If you have questions or need additional information, please contact me at 1-800-845-2724, extension 45608. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Pamela C. Johnson".

Pamela C. Johnson
Finance Supervisor