

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90029 031 \*\*\*150.00

DOCUMENT # **F96000000289**

1. Entity Name  
Companion Property & Casualty Ins. Co.



**DO NOT WRITE IN THIS SPACE**

✓  
**40095494**

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.		4. FEI Number 57-0768836	Applied For Not Applicable
City & State Columbia, SC		City & State Columbia, SC		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 29229	Country	Zip 29202	Country		

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	Director M. E. Sellers 4645 Pine Grove Court Columbia, SC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joseph F. Sullivan 1 Kirkwood Street Camden, SC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Property & Casualty Charles M. Potok 311 East Springs Road Columbia, SC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Vivian B. Gray 505 Woodlands Ridge Road Columbia, SC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert A. Leichtle 8 Oak Bluff Court Columbia, SC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judith M. Davis 5123 Lakeshore Drive Columbia, SC	TITLE 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)(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: 04/20/07 (803) 735-0672

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

CR2E034B (12/02)

ATTACHMENT

40095494

# F96000000289

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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