PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -9 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **804254**

1. Corporation Name

SOUTH CAROLINA INSURANCE COMPANY

Principal Place of Business	Mailing Address
1501 LADY STREET P.O.BOX 1 COLUMBIA SC 29202	1501 LADY STREET P.O.BOX 1 COLUMBIA SC 29202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/28/1934

5. FEI Number: 57-0248730 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~OSVD~~ T	~~FIELS, TERRY E.~~ Gardner, Mary M. Robert F. Kay	~~1522 GREENHILL RD.~~ 1501 Lady Street	~~COLUMBIA SC~~ Columbia, SC 29201
CS	BROOKS, PRISCILLA C.	~~618 HARMON RD.~~ 1501 Lady Street	COLUMBIA SC 29201
~~P~~ PD	~~BROOKS, ROBERT B.~~ Csiszar, Ernst N.	~~800 TAYLOR CT. #111~~ 1501 Lady Street	COLUMBIA SC 29201
~~SVPD~~ VD	~~KLOPP, F. MICHAEL~~ Wertzel, John A.	~~225 PARK SHORE DR.~~ 1501 Lady Street	COLUMBIA SC 29201
~~AOAD~~ AS	~~SHEALY, W.W.~~ McClure, Matt P.	~~2401 FEATHER RUN TRAIL~~ 1501 Lady Street	~~W. COLUMBIA SC~~ Columbia, SC 29201
V	CULBERTSON, MICHAEL A	~~4624 SYLVAN DR.~~ 1501 Lady Street	COLUMBIA SC 29201

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

400002026534--0
-12/11/96--01095--004
****175.00 ****175.00

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

400002026534--0
Date 12/11/96--01095--005
****208.75 ****208.75

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☑

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Matt P. McClure 10/25/96 (803) 748-8369

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

COR4509 AP