

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:24**

DOCUMENT # 804254 (1)

1. Corporation Name

SOUTH CAROLINA INSURANCE COMPANY

Principal Place of Business

**1501 LADY STREET
P.O. BOX 1
COLUMBIA SC 29202**

Mailing Address

**1501 LADY STREET
P.O. BOX 1
COLUMBIA SC 29202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1934

3a. Date of Last Report

03/21/1994

4. FEI Number

57-0248730

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CIO**
NAME **BEALE, STERLING E.**
STREET ADDRESS **350 ALEXANDER CIR.**
CITY-ST-ZIP **COLUMBIA SC 29205**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

C/CEO/SVP/D ☒ Change ☐ Addition
FIELDS, TERRY E.
1522 GREENHILL RD.
COLUMBIA, SC 29206

TITLE **CS**
NAME **MANNING, BERNARD**
STREET ADDRESS **1028 GREEN ST.**
CITY-ST-ZIP **COLUMBIA SC**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

CS ☒ Change ☐ Addition
BROOKS, PRISCILLA C.
619 HARMON RD.
COLUMBIA, SC 29061

TITLE **PD**
NAME **REICHARD, W. THOMAS III**
STREET ADDRESS **231 TYBRONE CIR.**
CITY-ST-ZIP **COLUMBIA SC**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

P ☒ Change ☐ Addition
BROOKS, ROBERT D.
900 TAYLOR ST., APT 111
COLUMBIA, SC 29202

TITLE **SVP**
NAME **KLOPP, F. MICHAEL**
STREET ADDRESS **225 PARK SHORE DR.**
CITY-ST-ZIP **COLUMBIA SC**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SVPD ☒ Change ☐ Addition

TITLE **S**
NAME **SHEALY, W.W.**
STREET ADDRESS **2401 FEATHER RUN TRAIL**
CITY-ST-ZIP **W. COLUMBIA SC 29169**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

AS/A/D ☒ Change ☐ Addition

TITLE **V**
NAME **CULBERTSON, MICHAEL A**
STREET ADDRESS **4024 SYLVAN DR.**
CITY-ST-ZIP **COLUMBIA SC**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

AT/D ☐ Change ☒ Addition
GARDNER, MARY M.
225 PRIARSGATE BLVD.
TRMO - SC 29063

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption block in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.W. Shealy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/ON DIRECTOR

MARCH 9, 1995

Date (Day/Mo/Yr)

SOUTH CAROLINA INSURANCE COMPANY

THE FOLLOWING PEOPLE HAVE RESIGNED:

**BEALE, STERLING E.
REICHARD W. THOMAS III
MANNING, BERNARD**