

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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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 29202-0001 |
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|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/28/1934 | 3a. Date of Last Report 12/09/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 57-0248730 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KEY, ROBERT F | 1.2 NAME | GARDNER Mary M |
| STREET ADDRESS | 1501 LADY STREET | 1.3 STREET ADDRESS | 225 FRIAR GATE BLVD |
| CITY-ST-ZIP | COLUMBIA SC 29201 | 1.4 CITY-ST-ZIP | IRMO, SC |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CS BROOKS, PRISCILLA C. | 2.2 NAME | |
| STREET ADDRESS | 1501 LADY STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD CSISZAR, ERNST N | 3.2 NAME | |
| STREET ADDRESS | 1501 LADY STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VD WEITZEL, JOHN A | 4.2 NAME | |
| STREET ADDRESS | 1501 LADY STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AS MCCLURE, MATT P | 5.2 NAME | |
| STREET ADDRESS | 1501 LADY STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V CULBERTSON, MICHAEL A | 6.2 NAME | |
| STREET ADDRESS | 1501 LADY STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBIA SC 29201 | 6.4 CITY-ST-ZIP | |

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-4-97 803-748-2682

CR2E034 (9/96)