

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **804254** (1)  
1. Corporation Name  
**SOUTH CAROLINA INSURANCE COMPANY**

Principal Place of Business <b>1501 LADY STREET P.O. BOX 1 COLUMBIA SC 29202</b>	Mailing Address <b>1501 LADY STREET P.O. BOX 1 COLUMBIA SC 29202</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/28/1934</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>57-0248730</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>KEY, ROBERT F</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Controller</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEY, ROBERT F</b>	1.2 NAME	<b>Marter, Kenneth W.</b>
STREET ADDRESS	<b>1501 LADY STREET</b>	1.3 STREET ADDRESS	<b>1121 Kinard Court</b>
CITY-ST-ZIP	<b>COLUMBIA SC 29201</b>	1.4 CITY-ST-ZIP	<b>Columbia SC 29201</b>
TITLE	<b>CS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, PRISCILLA C.</b>	2.2 NAME	
STREET ADDRESS	<b>1501 LADY STREET</b>	2.3 STREET ADDRESS	<b>619 Harmon Road</b>
CITY-ST-ZIP	<b>COLUMBIA SC 29201</b>	2.4 CITY-ST-ZIP	<b>Hopkins SC 29061</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CSISZAR, ERNST N</b>	3.2 NAME	
STREET ADDRESS	<b>1501 LADY STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA SC 29201</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEITZEL, JOHN A</b>	4.2 NAME	
STREET ADDRESS	<b>1501 LADY STREET</b>	4.3 STREET ADDRESS	<b>128 Mallet Hill Road</b>
CITY-ST-ZIP	<b>COLUMBIA SC 29201</b>	4.4 CITY-ST-ZIP	<b>Columbia SC 29229</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLURE, MATT P</b>	5.2 NAME	
STREET ADDRESS	<b>1501 LADY STREET</b>	5.3 STREET ADDRESS	<b>4029 Hickory Street</b>
CITY-ST-ZIP	<b>COLUMBIA SC 29201</b>	5.4 CITY-ST-ZIP	<b>Columbia SC 29205</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULBERTSON, MICHAEL A</b>	6.2 NAME	
STREET ADDRESS	<b>1501 LADY STREET</b>	6.3 STREET ADDRESS	<b>4624 Sylvan Drive</b>
CITY-ST-ZIP	<b>COLUMBIA SC 29201</b>	6.4 CITY-ST-ZIP	<b>Columbia SC 29206</b>

14. 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 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:

Kenneth W. Marter

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CR2E034 (10/97)