

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

001134

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90119 007 ***150.00

DOCUMENT # 804254

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	
4. FEI Number 57-0248730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	29	30
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTER, KENNETH W	1.2 NAME	
STREET ADDRESS	1121 KINARD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 29201	1.4 CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> DELETE	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, PRISCILLA C.	2.2 NAME	MATT P. MCCLURE
STREET ADDRESS	619 HARMON RD	2.3 STREET ADDRESS	2511 HEYWARD STREET
CITY-ST-ZIP	HOPKINS SC 29061	2.4 CITY-ST-ZIP	COLUMBIA SC 29205
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	R. THOMAS SAVAGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZEL, JOHN A	3.2 NAME	16 GOVERNORS HILL
STREET ADDRESS	128 MALLET HILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 29201	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	JANET LANGLEY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, MATT P	4.2 NAME	125 BEECHWOOD LANE
STREET ADDRESS	4029 HICKORY STREET	4.3 STREET ADDRESS	IRMO SC 29063
CITY-ST-ZIP	COLUMBIA SC 29201	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERTSON, MICHAEL A	5.2 NAME	
STREET ADDRESS	4624 SYLVAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 29201	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ELIZABETH R. MONTG
STREET ADDRESS		6.3 STREET ADDRESS	149 GLENBROOK GIRCLE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	COLUMBIA SC 29204

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, with all other like empowered.

SIGNATURE:

Elizabeth R. Montg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 803-748-2992

Date

Daytime Phone #

CR2E034 (11/98)