

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90098 042 ***150.00

DOCUMENT # 804254

1. Entity Name

SOUTH CAROLINA INSURANCE COMPANY

Principal Place of Business

Mailing Address

1501 LADY STREET
 BOX 1
 COLUMBIA SC 29202

1501 LADY STREET
 P.O. BOX 1
 COLUMBIA SC 29202-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

DO NOT WRITE IN THIS SPACE



4. FEI Number **57-0248730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	MARTER, KENNETH W	
STREET ADDRESS	1121 KINARD CT	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCLURE, MATT P	
STREET ADDRESS	2511 HEYWARD ST	
CITY-ST-ZIP	COLUMBIA SC 29205	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAVAGE, R T	
STREET ADDRESS	16 GOVERNORS HILL	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, PRISCILLA C	
STREET ADDRESS	619 HARMON RD	
CITY-ST-ZIP	HOPKINS SC 29061	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CULBERTSON, MICHAEL A	
STREET ADDRESS	4624 SYLVAN DR	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LANCLEY, JANET	
STREET ADDRESS	125 BEECHWOOD LANE	
CITY-ST-ZIP	IRMO SC 29063	

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marter, Kenneth W.	
STREET ADDRESS	1501 Lady Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	V, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McClure, Matt P.	
STREET ADDRESS	1501 Lady Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Savage, RT	
STREET ADDRESS	1501 Lady Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Culbertson, Michael A	
STREET ADDRESS	1501 Lady Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Langley, Janet H.	
STREET ADDRESS	1501 Lady Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natali, John E.	
STREET ADDRESS	1501 Lady Street	
CITY-ST-ZIP	Columbia, SC 29201	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bryan D. Ruess
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000

Date

803-748-2388

Daytime Phone #

CR2E034 (9/99)

804254
10082659

Additional Officers -- South Carolina Insurance Company

Title: V
Name: Franklin D. Hutchinson
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201

Title: V
Name: Steven M. Armato
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201

Title: V
Name: Wayne A. Fletcher
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201

Title: V
Name: Stephen T. Harding
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201

Title: V
Name: S. Melinda Hydrick
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201

Title: V
Name: Elena C. Leming
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201

Title: Controller
Name: Bryan D. Rivers
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201

Title: AVP
Name: Amy H. Conley
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201

Title: AVP
Name: John E. Hallberg
Address: 1501 Lady Street
City-St-Zip: Columbia, SC 29201