

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90013 027 ***150.00

0578742

DOCUMENT # 804254

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 57-0248730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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

TITLE	VT	<input type="checkbox"/> Delete
NAME	MARTER, KENNETH W	
STREET ADDRESS	1501 LADY ST	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MCCLURE, MATT P	
STREET ADDRESS	1501 LADY ST	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAVAGE, RT	
STREET ADDRESS	1501 LADY ST	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CULBERTSON, MICHAEL A	
STREET ADDRESS	1501 LADY ST	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LANGLEY, JANET H	
STREET ADDRESS	1501 LADY ST	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LANCLEY, JANET	
STREET ADDRESS	125 BEECHWOOD LANE	
CITY-ST-ZIP	IRMO SC 29063	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN E. NATILI	
STREET ADDRESS	1501 LADY ST.	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN M. ARMATO	
STREET ADDRESS	1501 LADY ST.	
CITY-ST-ZIP	COLUMBIA, SC 29201	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN T. HARDING	
STREET ADDRESS	1501 LADY ST.	
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:

By: *Matthew P. McClure* MATTHEW P. MCCLURE

Date

Daytime Phone #

1/15/01 803 748-8369

CR2E034 (10/00)