

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:24****DOCUMENT # 810585 (0)**

1. Corporation Name

CONSOLIDATED AMERICAN INSURANCE COMPANY

Principal Place of Business

Mailing Address

P O BOX 1
1501 LADY ST
COLUMBIA SOUTH CAROLINA 29202P O BOX 1
1501 LADY ST
COLUMBIA SOUTH CAROLINA 29202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1955

3a. Date of Last Report

03/18/1994

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

57-6009146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32399

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

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
NAME
STREET ADDRESS
CITY-ST-ZIPCTD
BEALE, STELING E.
350 ALEXANDER CIR
COLUMBIA SC1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIPC/CFO/SV/D
FIELDS, TERRY E.
1522 GREENHILL RD.
COLUMBIA, SC 29206☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPS
SHEALY, WILLIAM W
2401 FEATHER RUN TRAIL
W COLUMBIA SC2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

AS/A/D

☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPV
CULBERTON, MICHAEL A.
4624 SYLVAN DR.
COLUMBIA S.C.3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIPAT
GARDNER, MARY M.
225 FRIARSGATE BLVD.
IRMO, SC 29063☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
REICHARD, W. THOMAS I
231 TYBORNE CIRCLE
COLUMBIA SC4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

RESIGNED

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSV
KLOPP, F. MICHAEL
225 PARK SHORE WEST
COLUMBIA SC5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

SV/D

☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPS
MANNING, BERNARD
1826 GREEN STREET
COLUMBIA SC6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIPCS
BROOKS, FRISCELLA C.
619 HARMON ROAD
COLUMBIA, SC 29061☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. W. SHEALY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 9, 1995

(Date)

(Signature) (Typed Name)

CONSOLIDATED AMERICAN INSURANCE COMPANY

THE FOLLOWING PEOPLE HAVE RESIGNED:

**BEALE, STERLING E.
REICHARD W. THOAS III
MANNING, BERNARD**