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Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810585 (0)  
1. Corporation Name  
CONSOLIDATED AMERICAN INSURANCE COMPANY



Principal Place of Business P O BOX 1 1501 LADY ST COLUMBIA SOUTH CAROLINA 29202	Mailing Address P O BOX 1 1501 LADY ST COLUMBIA SOUTH CAROLINA 29202-0001
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/17/1955	3a. Date of Last Report 06/10/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 57-6009146	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL 32399	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	CSISZAR, ERNST N.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	201 HOLLIDAY	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	COLUMBIA SC	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	ASAD	3.1 TITLE	3.2 NAME
NAME	SHEALY, WILLIAM W	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	2401 FEATHER RUN TRAIL	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	W COLUMBIA SC	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	V	5.1 TITLE	5.2 NAME
NAME	CULBERTON, MICHAEL A.	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	4824 SYLVAN DR.	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	COLUMBIA S.C.	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	AT		
NAME	GARDNER, MARY M.		
STREET ADDRESS	225 GRIARSGATE BLVD		
CITY - ST - ZIP	IRMO SC		
TITLE	CS		
NAME	BROOKS, PRISCILLA C.		
STREET ADDRESS	619 HARMON RD		
CITY - ST - ZIP	COLUMBIA SC		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

14. I do 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: \_\_\_\_\_ 4-4-97 803-248-2682

CR2E034 (9/96)