

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1955	
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	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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		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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CSISZAR, ERNST N.	1.2 NAME	
STREET ADDRESS	201 HOLLIDAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	1.4 CITY-ST-ZIP	
TITLE	SVP	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZEL, JOHN A	2.2 NAME	
STREET ADDRESS	128 MALLET HILL ROAD	2.3 STREET ADDRESS	128 Mallet Hill Road
CITY-ST-ZIP	COLUMBIA SC	2.4 CITY-ST-ZIP	Columbia SC 29206
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERTON, MICHAEL A.	3.2 NAME	
STREET ADDRESS	4624 SYLVAN DR.	3.3 STREET ADDRESS	4624 Sylvan Drive
CITY-ST-ZIP	COLUMBIA S.C.	3.4 CITY-ST-ZIP	Columbia SC 29206
TITLE	C	4.1 TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, MARY M.	4.2 NAME	Marter, Kenneth W.
STREET ADDRESS	225 GRIARSGATE BLVD	4.3 STREET ADDRESS	1121 Kinard Court
CITY-ST-ZIP	IRMO SC	4.4 CITY-ST-ZIP	Columbia SC 29201
TITLE	CS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, PRISCILLA C.	5.2 NAME	
STREET ADDRESS	619 HARMON RD	5.3 STREET ADDRESS	619 Harmon Road
CITY-ST-ZIP	COLUMBIA SC	5.4 CITY-ST-ZIP	Hopkins SC 29061
TITLE	AS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, MATT P	6.2 NAME	
STREET ADDRESS	1501 LADY ST	6.3 STREET ADDRESS	4029 Hickory Street
CITY-ST-ZIP	COLUMBIA SC 29201	6.4 CITY-ST-ZIP	Columbia SC 29205

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.

SIGNATURE _____ Kenneth W. Marter 4/27/98 803-748-2000

CR2E034 (10/97)