

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90098 041 ***150.00

DOCUMENT # 810585

1. Entity Name

CONSOLIDATED AMERICAN INSURANCE COMPANY

Principal Place of Business

Mailing Address

O BOX 1
 --- LADY ST
 COLUMBIA SC 29202

P O BOX 1
 1501 LADY ST
 COLUMBIA SC 29202-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-6009146**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITAL
 TALLAHASSEE FL 32399**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAVAGE, R T 16 GOVERNORS HILL COLUMBIA SC 29206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CULBERTON, MICHAEL A. 4624 SYLVAN DR COLUMBIA SC 26206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTER, KENNETH W 1121 KINARD CT COLUMBIA SC 29201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BROOKS, PRISCILLA C. 619 HARMON RD HOPKINS SC 29061	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLURE, MATT P 2511 HEYWARD ST COLUMBIA SC 29205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LANGLEY, JANET 125 BEECHWOOD LANE IRMO SC 29063	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John E. Natili 319 Saxony Court Lexington, SC 29072	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Steven M. Armato 326 Edisto Avenue Columbia, SC 29205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Marter, Kenneth W. 1331 Confederate Avenue Columbia, SC 29201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wayne A. Fletcher 7 Holly Hedge Court Blithewood, SC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stephen T. Harding 42 Mallet Hill Road Columbia, SC 29223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Franklin D. Hutchinson 934 Trent Street Charleston, SC 29414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Byron D. Rivers REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000

Date

803-748-2388

Daytime Phone #

CR2E034 (9/99)

810585
100082660

Additional Officers – Consolidated American Insurance Company

Title: V
Name: S. Melinda Hydrick
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