

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90380 021 ***550.00

DOCUMENT # 810585**1. Entity Name**
CONSOLIDATED AMERICAN INSURANCE COMPANY**Principal Place of Business****P O BOX 1**
1501 LADY ST
COLUMBIA SC 29202**Mailing Address****P O BOX 1**
1501 LADY ST
COLUMBIA SC 29202

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.**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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PD** ☐ Delete
NAME **NATILI, JOHN E**
STREET ADDRESS **319 SAXONY CT**
CITY-ST-ZIP **LEXINGTON SC 29072****TITLE** **D/S/General Counsel** ☐ Change ☒ Addition
NAME **Matthew P. McClure**
STREET ADDRESS **1501 Lady Street**
CITY-ST-ZIP **Columbia, SC 29202****TITLE** **V** ☐ Delete
NAME **ARMATO, STEVEN M**
STREET ADDRESS **326 EDISTO AV**
CITY-ST-ZIP **COLUMBIA SC 29205****TITLE** **V** ☐ Change ☒ Addition
NAME **Michael A. Culbertson**
STREET ADDRESS **1501 Lady Street**
CITY-ST-ZIP **Columbia, SC 29202****TITLE** **TD** ☐ Delete
NAME **MARTER, KENNETH W**
STREET ADDRESS **1331 CONFEDERATE AV**
CITY-ST-ZIP **COLUMBIA SC 29201****TITLE** **V** ☐ Change ☒ Addition
NAME **S. Melinda Hydrick**
STREET ADDRESS **1501 Lady Street**
CITY-ST-ZIP **Columbia, SC 29202****TITLE** **V** ☒ Delete
NAME **FLETCHER, WAYNE A**
STREET ADDRESS **7 HOLLY HEDGE CT**
CITY-ST-ZIP **BLYTHEWOOD SC****TITLE** **Controller** ☐ Change ☒ Addition
NAME **Bryan D. Rivers**
STREET ADDRESS **1501 Lady Street**
CITY-ST-ZIP **Columbia, SC 29202****TITLE** **V** ☐ Delete
NAME **HARDING, STEPHEN T**
STREET ADDRESS **42 MALLETT HILL RD**
CITY-ST-ZIP **COLUMBIA SC 29223****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **V** ☐ Delete
NAME **HUTCHINSON, FRANKLIN D**
STREET ADDRESS **934 TRENT ST**
CITY-ST-ZIP **CHARLESTON SC 29414****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:****REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matt McClure

7/22/02

803.748.836A

Date

Daytime Phone #

CR2E034 (4/02)