## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #810585**

4. Entity Name

CONSOLIDATED AMERICAN INSURANCE COMPANY



FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90008 005 \*\*\*150.00

Principal Plac	e of Business	Mailing Address										
P 0 B0X 1		P O BOX 1										
1501 LADY S	ST .	1501 LADY ST						V -				
COLUMBIA, S		COUMBIA, SC 29202				1						
							82161 61161 1116	II <b>B</b> iii <b>Bibii Bibii b</b> i				
2. Principal P	lace of Business	3. Mailing Address			ے. م							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			010620	04	Chg-P	CR2E	34 (10/0	3)		
City & State		City & State			4. FEI Number 57-6009146				$\vdash$	Applied For Not Applicable		
Zip	Country	Zip	Coun	try		5. Certific	cate of	Status Desire	d 🗆	S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name	and Ad	dress of Ne	w Registered	Agent		
					Name							
CHIEF FINANCIAL OFFICER P. O BOX 6200 (32314-6200)				Street Address (P.O. Box Number is Not Acceptable)								
200 E. GA												
•				City					FL	Zip C	ode	
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_											<del>_</del> i	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signati	ne required	when reinstating	g)		DATE			
							$\Box$					
	E NOW!!! FEE IS \$150.00	9. Election Campa  Trust Fund Cont		icing	\$5. Add	. <b>00</b> May Bo	e					
After May 1, 2004 Fee will be \$550.00						00 10 1 000						
10.	0. OFFICERS AND DIRECTORS 11.				_	ADDITIC	NS/CH	IANGES TO (	OFFICERS AN	DIRECTO	ORS IN 11	
TITLE	PD	☐ Delete			_					Chang	e 🔲 Addition	
NAME	CULBERTSON, MICHAEL A		NAM	Ε								
STREET ADDRESS	1501 LADE STREET		STRE	ET ADDRESS								
CITY-ST-ZIP	COLUMBIA, SC 29201		CITY	-ST-ZIP								
TITLE	V	☐ Delete	TITLE	:	ĭ			*******		Chang	e 🔲 Addition	
NAME	HUTCHINSON, FRANKLIN D	—	NAM	Ē								
STREET ADDRESS	1501 LADY STREET		STRE	ET ADDRESS	!							
CITY-ST-ZIP	COLUMBIA, SC 29201		CITY	-ST-ZIP								
TITLE	TC	☐ Delete	TITLE		TREA	SURFL	. 121	RECTOR		Chang	e Addition	
NAME	RIVERS, BRYAN D		NAM			AND	•		_	<b>,</b> — .		
STREET ADDRESS	1501 LADY STREET			ET ADDRESS		LADY						
CITY-ST-ZIP	COLUMBIA, SC 29201		ÇITY	-ST-ZIP	COLU	MBIA	5	292	อเ			
	v	<b>⊠</b> Delete	TITLE	:		PLESI				Chang	e 🔀 Addition	
TITLE NAME	HYDRICK, SUSAN M	M Delete	NAM			ELINDA				<b>L.</b>		
STREET ADDRESS	1501 LADY STREET		STRE	ET ADDRESS	1501	LAPY	STA	LEET				
CITY-ST-ZIP	COLUMBIA, SC 29201		CITY	-ST-ZIP	COLL	MARIA	50	2920	) I			
		M notice			nc C 11	CTANT	CCA	CRETARY	<u>, , , , , , , , , , , , , , , , , , , </u>	☐ Chang	e 🛛 Addition	
TITLE	ADMATO STEPHEN M	💢 Delete	TITLI			C. PE			Ť	55.19		
NAME CTREET ADDRESS	ARMATO, STEPHEN M 1501 LADY STREET			ET ADDRESS		L/tDY						
STREET ADDRESS				-ST-ZIP	1701	insit.	2(1)	2920	(		:	
CITY-ST-ZIP	COLUMBIA, SC 20201	Nor			, will		<u> </u>	- 100	1	☐ Chanc	e Addition	
TITLE	V FRANKIND	Delete	TITLI NAM							□ oueut	⊳ □ vacinori	
NAME	HUTCHINSON, FRANKLIN D			ET ADDRESS								
STREET ADDRESS	934 TRENT ST			-ST-ZIP							•	
CITY-ST-ZIP	CHARLESTON, SC 29414						7(0)(1)	Claside Ot-1	laa I fiirebaa	weifi, etc. a th	e information	
12. I hereby of	certify that the information supplied with	this filing does not qualify for true and accurate and that i	r the exe my siana	mption sta ture shall f	tea in Se nave the	ection 119.0 same legal	//(૩)(١), effect a	riorida Statut is if made und	les, i luttner ce der oath; that I	am an offi	cer or director	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										0 or Block 11 if		
changed	, or on an attachment with an address, v	vitn all otner like empowered										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR