

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90033 030 \*\*\*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**



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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE FL 32399-0000**

## 7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>NATILI, JOHN E<br/>319 SAXONY CT<br/>LEXINGTON SC 29072</b>         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>ARMATO, STEVEN M<br/>326 EDISTO AV<br/>COLUMBIA SC 29205</b>         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>MARTER, KENNETH W<br/>1331 CONFEDERATE AV<br/>COLUMBIA SC 29201</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>MCCLURE, MATTHEW P<br/>1501 LADY ST<br/>COLUMBIA SC 29202</b>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>HARDING, STEPHEN T<br/>42 MALLET HILL RD<br/>COLUMBIA SC 29223</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>HUTCHINSON, FRANKLIN D<br/>934 TRENT ST<br/>CHARLESTON SC 29414</b>  | <input type="checkbox"/> Delete            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PS<br/>Culbertson, Michael A.<br/>1501 Lady Street<br/>Columbia, S.C. 29201</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>Hutchinson, Franklin D<br/>1501 Lady Street<br/>Columbia, SC 29201</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TC<br/>Rivers, Bryan D<br/>1501 Lady Street<br/>Columbia, SC 29201</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>Hydrick, Susan M<br/>1501 Lady Street<br/>Columbia, SC 29201</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>Armato, Stephen M<br/>1501 Lady Street<br/>Columbia, SC 20201</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-2003**

Date

**803-748-2388**

Daytime Phone #

CR2E034 (4/03)