


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 835636 1. Entity Name CATAWBA INSURANCE COMPANY |  |
|--|---|

| | |
|--|--|
| Principal Place of Business P. O. BOX 1 1501 LADY STREET COLUMBIA, SC 29202 US | Mailing Address P. O. BOX 1 1501 LADY STREET COLUMBIA, SC 29202 US |
|--|--|



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 57-0358699 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 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 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000385978
01/18/06-80036-021 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS CULBERTSON, MICHAEL A 1501 LADY STREET COLUMBIA, SC 29201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TC RIVERS, BRYAN D 1501 LADY STREET COLUMBIA, SC 29201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HYDRICK, MELINDA S 1501 LADY STREET COLUMBIA, SC 29201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS PFEIFER, LISA C 1501 LADY STREET COLUMBIA, SC 29201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bryan D. Rivers Bryan D. Rivers 01-10-06 803-748-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #