


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 835636</b> 1. Entity Name <b>CATAWBA INSURANCE COMPANY</b>	
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Principal Place of Business <b>P. O. BOX 1 1501 LADY STREET COLUMBIA, SC 29202 US</b>	Mailing Address <b>P. O. BOX 1 1501 LADY STREET COLUMBIA, SC 29202 US</b>
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01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>57-0358699</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

UN00000590222  
01/18/07-80048-013 150.00

**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:** Sig. C Pfeifer / Lisa C Pfeifer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 803-748-2315  
Date Daytime Phone #