FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **852697** **(2)**

1. Corporation Name

SOUTHERN FIRE & CASUALTY COMPANY

Principal Place of Business

100 NORTH GREENE STREET
P.O. BOX 20967
GREENSBORO NC 27420

Mailing Address

100 NORTH GREENE STREET
P.O. BOX 20967
GREENSBORO NC 27420

3. Date Incorporated or Qualified: **04/27/1982**

3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **62-6039970** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPILLERS, BEN M.		1.2 NAME	
STREET ADDRESS	100 NORTH GREENE ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RIDLING, JIMMY L.		2.2 NAME	
STREET ADDRESS	2545 TAYLOR ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, GERALD E.		3.2 NAME	
STREET ADDRESS	100 NORTH GREENE STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DRAUGHTON, HENRY P. JR.		4.2 NAME	
STREET ADDRESS	2545 TAYLOR ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL		4.4 CITY-ST-ZIP	
TITLE	STD	[X] DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, DIANE M.		5.2 NAME	
STREET ADDRESS	100 NORTH GREENE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CONE, STEPHEN H.		6.2 NAME	
STREET ADDRESS	100 NORTH GREENE STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, accurate, and complete. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen H. Cone — Stephen H. Cone — 4-25-96 — (910) 691-3486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)