

FILED
May 30, 2002 8:00 am
Secretary of State

05-07-2002 90236 007 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000000289

1. Entity Name

Companion Property & Casualty Ins. Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

51 Clemson Road
Suite, Apt. #, etc.

3. Mailing Address

51 Clemson Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

33120

City & State
Columbia, SC

Zip
29229

Country
US

City & State
Columbia, SC

Zip
29229

Country
US

4. FEI Number

57-0768836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Insurance Commissioner
Street Address (P.O. Box Number Is Not Acceptable)
Capitol

City Tallahassee

FL

Zip Code
32399-0300

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$6125

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. Seller, M.E. 4646 Pine Grove Court Columbia, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sullivan, Joseph F. 1 Kirkwood Street Camden, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Horton, William R. Sr. 6157 Eastshore Road Columbia, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD Potok, Charles M. 311 East Springs Road Columbia, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Gray, Vivian B. 505 Woodlands Ridge Road Columbia, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Leichte, Robert A. 8 Oak Bluff Court Columbia, SC

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Potok 4-26-02 803-264-5387

Date

Daytime Phone #

CR2E034B (12/01)



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

May 21, 2002

Dear Sir or Madam:

In response to your letter dated May 14, 2002, we are enclosing a corrected Uniform Business Report.

We apologize for any inconvenience this may have caused. If you have any questions or need additional information, please contact me at 1-800-845-2724, extension 45658.
Thank you.

Sincerely,

Katie Nicholson

Katie Nicholson
Accountant I