

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90032 035 ***150.00

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1. Entity Name
**COMPANION PROPERTY AND CASUALTY INSURANCE
COMPANY**



Principal Place of Business
**51 CLEMSON ROAD
COLUMBIA, SC 29229 US**

Mailing Address
**51 CLEMSON ROAD
COLUMBIA, SC 29229 US**

24041416



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

57-0768836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SELLERS, M. E.**
STREET ADDRESS **4646 PINE GROVE COURT**
CITY-ST-ZIP **COLUMBIA, SC**

TITLE **D** ☐ Change ☒ Addition
NAME **Davis, Judith M.**
STREET ADDRESS **1309 Wellington Drive**
CITY-ST-ZIP **Columbia, SC**

TITLE **D** ☐ Delete
NAME **SULLIVAN, JOSEPH F**
STREET ADDRESS **1 KIRKWOOD STREET**
CITY-ST-ZIP **CAMDEN, SC**

TITLE **D** ☐ Change ☒ Addition
NAME **Fleming, Douglas R.**
STREET ADDRESS **25 Wotan Lane**
CITY-ST-ZIP **Columbia, SC**

TITLE **D** ☐ Delete
NAME **HORTON, WILLIAM R JR.**
STREET ADDRESS **6157 EASTSHORE RD.**
CITY-ST-ZIP **COLUMBIA, SC**

TITLE **D** ☐ Change ☒ Addition
NAME **Shrader, William R.**
STREET ADDRESS **4924 Smallwood Rd., #229**
CITY-ST-ZIP **Columbia, SC**

TITLE **PCD** ☐ Delete
NAME **POTOK, CHARLES M**
STREET ADDRESS **311 EAST SPRINGS ROAD**
CITY-ST-ZIP **COLUMBIA, SC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GRAY, VIVIAN B**
STREET ADDRESS **505 WOODLANDS RIDGE ROAD**
CITY-ST-ZIP **COLUMBIA, SC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **LEICHTLE, ROBERT A**
STREET ADDRESS **8 OAK BLUFF COURT**
CITY-ST-ZIP **COLUMBIA, SC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **CHARLES M. POTOK** 4/9/04 803 264 5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #