

**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 # **P15063** (1)

1. Corporation Name  
**KANAWHA INSURANCE COMPANY**



Principal Place of Business: **210 SOUTH WHITE STREET LANCASTER SC 29720**  
Mailing Address: **210 SOUTH WHITE STREET LANCASTER SC 29720**

3. Date Incorporated or Qualified: **07/06/1987**  
3a. Date of Last Report: **05/01/1995**  
4. FLEI Number: **57-0380426**  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, STANLEY D.	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-STATE-ZIP	LANCASTER SC	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, CALVIN D.	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-STATE-ZIP	LANCASTER SC	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	THOMAS, THOMAS W.	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-STATE-ZIP	LANCASTER SC	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BOWLES, CRANDALL CLOSE	
STREET ADDRESS	205 N. WHITE STREET, BOX 70	
CITY-STATE-ZIP	FORT MILL SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	OSCAR R. SCOFIELD	
7. STREET ADDRESS	210 SOUTH WHITE STREET	
8. CITY-STATE-ZIP	LANCASTER SC	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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: *Thomas W. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. THOMAS 3/8/96 803-283-5305  
Date Time Telephone #

CR2E034 (12/95)