

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90011 033 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P15063

1. Corporation Name
KANAWHA INSURANCE COMPANY



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

Mailing Address
**P O BOX 810
 LANCASTER SC 29721
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

3. Date incorporated or Qualified
07/06/1987

4. FEI 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 owes the current year intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

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

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 607.1508, 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, STANLEY D.	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	THOMAS, THOMAS W.	
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT E	
STREET ADDRESS	210 S WHITE ST	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS: Debbie R. Paskoff
4.3 STREET ADDRESS	210 South White Street
4.4 CITY-ST-ZIP	Lancaster, SC 29720
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debbie R. Paskoff Date: 7/7/99 Daytime Phone #: 803-283-5336

CR2E034 (5/99)