**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 16, 2001 8:00 am Secretary of State P15063 DOCUMENT # 1. Entity Name 08-16-2001 90007 034 \*\*\*550.00 KANAWHA INSURANCE COMPANY Principal Place of Business Mailing Address 210 SOUTH WHITE STREET P O BOX 610 UU061321 LANCASTER SC 29720 LANCASTER SC 29721 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 57-0380426 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING **TALLAHASSEE FL 32301** City Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE XX Addition ☐ Delete TITLE ☐ Change JOHNSON, STANLEY D. Higgins, Larry W. 210 South White NAME NAME 210 SOUTH WHITE STREET STREET ADDRESS STREET ADDRESS Lancaster, SC 29720 CITY-ST-ZIP LANCASTER SC CITY-ST-7IP XXXX<sub>Delete</sub> TITLE TITLE ☐ Change ☐ Addition NAME THOMAS, THOMAS W. NAME STREET ADDRESS STREET ADDRESS 210 SOUTH WHITE STREET CITY-ST-ZIP CITY-ST-ZIP LANCASTERISC ☐ Delete TITLE TITLE Change ☐ Addition MATTHEWS, ROBERT E NAME NAME STREET ADDRESS STREET ADORESS 210 S WHITE ST CITY-ST-ZIP CITY-ST-ZIP LANCASTER SC 29720 TITLE ☐ Delete TITLE Change Addition NAME PASKOFF, DEBBIE R NAME STREET ADDRESS 210 SOUTH WHITE ST STREET ADDRESS CITY-ST-7IP LANCASTER SC 29720 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: