


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P15063
 1. Entity Name
 KANAWHA INSURANCE COMPANY



Principal Place of Business: 210 SOUTH WHITE STREET, LANCASTER, SC 29720
 Mailing Address: P O BOX 610, LANCASTER, SC 29721 US

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number: 57-0380426
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

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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 _____ (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

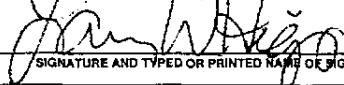
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, STANLEY D.
STREET ADDRESS	210 SOUTH WHITE STREET
CITY - ST - ZIP	LANCASTER, SC
TITLE	VS
NAME	HIGGINS, LARRY W
STREET ADDRESS	210 SOUTH WHITE STREET
CITY - ST - ZIP	LANCASTER, SC
TITLE	V
NAME	MATTHEWS, ROBERT E
STREET ADDRESS	210 S WHITE ST
CITY - ST - ZIP	LANCASTER, SC 29720
TITLE	AS
NAME	PASKOFF, DEBBIE R
STREET ADDRESS	210 SOUTH WHITE ST
CITY - ST - ZIP	LANCASTER, SC 29720
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  Larry W. Higgins 1/21/04 800-635-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #