

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90057 049 ***550.00

0146384 AB

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0380426**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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 NAME	PD JOHNSON, STANLEY D.	<input type="checkbox"/> Delete
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC	
TITLE NAME	VS HIGGINS, LARRY W	<input type="checkbox"/> Delete
STREET ADDRESS	210 SOUTH WHITE STREET	
CITY-ST-ZIP	LANCASTER SC	
TITLE NAME	V MATTHEWS, ROBERT E	<input type="checkbox"/> Delete
STREET ADDRESS	210 S WHITE ST	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE NAME	AS PASKOFF, DEBBIE R	<input type="checkbox"/> Delete
STREET ADDRESS	210 SOUTH WHITE ST	
CITY-ST-ZIP	LANCASTER SC 29720	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *SIGNATURE Paskoff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-03
Date

803-283-5336
Daytime Phone #

CR2E034 (4/03)