

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15533

FILED
Apr 26, 2012
Secretary of State

Entity Name: CONTINENTAL AMERICAN INSURANCE COMPANY

Current Principal Place of Business:

2801 DEVINE STREET
COLUMBIA, SC 29205 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 427
COLUMBIA, SC 29202 US

New Mailing Address:

FEI Number: 57-0514130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SORREL, EUGENE, SR C
Address: 2801 DEVINE STREET
City-St-Zip: COLUMBIA, SC 29205 US

Title: CEO
Name: GOODALL, DAVID C
Address: 2801 DEVINE STREET
City-St-Zip: COLUMBIA, SC 29205 US

Title: VP
Name: RINALDI, ROBERT A
Address: 2801 DEVINE STREET
City-St-Zip: COLUMBIA, SC 29205 US

Title: S
Name: LOUDERMILK, JOEY M
Address: 1932 WYNNNTON ROAD
City-St-Zip: COLUMBUS, GA 31999 US

Title: D
Name: AMOS, DANIEL P
Address: 1932 WYNNNTON ROAD
City-St-Zip: COLUMBUS, GA 31999 US

Title: D
Name: AMOS, PAUL S
Address: 1932 WYNNNTON ROAD
City-St-Zip: COLUMBUS, GA 31999 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT RINALDI

VP

04/26/2012

Electronic Signature of Signing Officer or Director

Date