

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 19, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P26478**

1. Entity Name  
CAPITAL CITY INSURANCE COMPANY, INC.



Principal Place of Business  
3850 FERNANDINA COURT  
COLUMBIA, SC 29210

Mailing Address  
PO BOX 212157  
COLUMBIA, SC 29221-2157



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-0810811

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
NRAI SRVS., INC  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. DAVIS, HINTON G. 2006 SALEM CHURCH RD IRMO, SC 29063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIBERT, JOHN F 1252 MORNING SHORE DR. LEXINGTON, SC 29072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYER, MARK E 411 NAUTICAL CT CHAPIN, SC 29036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECTON, JOHN A 355 CONRAD CIRCLE COLUMBIA, SC 29212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRINDSTAFF, JACK F 108 WILKSHIRE DR. COLUMBIA, SC 29210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NAUGHTER, PATRICK M 102 GLENEAGLE CIRCLE IRMO, SC 29063

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03/28/07-80078-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patrick M. Naughter-VP Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patrick M. Naughter*  
803-731-7728  
3/13/07  
Daytime Phone #