

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26478

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CAPITAL CITY INSURANCE COMPANY, INC.

## Current Principal Place of Business:

3850 FERNANDINA ROAD  
COLUMBIA, SC 29210

## New Principal Place of Business:

3850 FERNANDINA ROAD  
COLUMBIA, SC 29210 US

## Current Mailing Address:

PO BOX 212157  
COLUMBIA, SC 292212157

## New Mailing Address:

PO BOX 212157  
COLUMBIA, SC 292212157 US

FEI Number: 57-0810811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SEIBERT, JOHN F  
Address: 1252 MORNING SHOE DRIVE  
City-St-Zip: LEXINGTON, SC 29072

Title: V ( ) Delete  
Name: FRYER, MARK E  
Address: 411 NATIONAL CT  
City-St-Zip: CHAPIN, SC 29036

Title: V ( ) Delete  
Name: ALLANIER, JAMES M  
Address: 424 LOOKOVER POINTE A  
City-St-Zip: CHAPIN, SC 29036

Title: S ( ) Delete  
Name: GRINDSTAFF, JACK F  
Address: 106 WILKSHIRE DR.  
City-St-Zip: COLUMBIA, SC 29210

Title: VT (X) Delete  
Name: NAUGHTER, PATRICK M  
Address: 102 GLENEAGLE CIRCLE  
City-St-Zip: IRMO, SC 29063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: FRYER,  
Address: 411 NATIONAL CT  
City-St-Zip: CHAPIN, SC 29036 US

Title: S (X) Change ( ) Addition  
Name: JACK,  
Address: 106 WILKSHIRE DR.  
City-St-Zip: COLUMBIA, SC 29210 US

Title: P (X) Change ( ) Addition  
Name: RIVERA, SUSAN  
Address: 88 PINE STREET  
City-St-Zip: NEW YORK, NY 10005 US

Title: T (X) Change ( ) Addition  
Name: FREDIANELLI, CELESKA  
Address: 28819 FRANKLIN ROAD  
City-St-Zip: SOUTHFIELD, MI 480341656 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN RIVERA

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03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date