

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P26478

FILED
Jul 14, 2009
Secretary of State**Entity Name:** CAPITAL CITY INSURANCE COMPANY, INC.**Current Principal Place of Business:**3850 FERNANDINA ROAD
COLUMBIA, SC 29210 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 212157
COLUMBIA, SC 292212157 US**New Mailing Address:****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

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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07/14/2009

Electronic Signature of Signing Officer or Director

Date