


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 14, 2008 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # 808202 1. Entity Name CANAL INSURANCE COMPANY |  |
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| Principal Place of Business 400 E. STONE AVE. GREENVILLE, SC 29601 US | Mailing Address P.O. BOX 7 GREENVILLE, SC 29602 US |
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 57-0133332 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | DO NOT WRITE IN THIS SPACE |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TIMMONS, CHARLES M JR 400 EAST STONE AVE GREENVILLE, SC |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VAT TIMMONS, ALLEN W 400 EAST STONE AVE GREENVILLE, SC 29601 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTS TIMMONS, W.R. III 400 EAST STONE AVE GREENVILLE, SC 29601 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

U00000857613
04/01/08-80011-019-150.00

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:  | 03-07-08 | (864) 242-5365 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |

Charles M. Timmons, Jr., President