

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000183

**FILED**  
**Feb 11, 2016**  
**Secretary of State**  
**CC3041118017**

**Entity Name:** PALMETTO SURETY CORPORATION

**Current Principal Place of Business:**

109 RIVER LANDING DRIVE,  
SUITE 200  
CHARLESTON, SC 29492

**Current Mailing Address:**

109 RIVER LANDING DRIVE,  
SUITE 200  
CHARLESTON, SC 29492 US

**FEI Number:** 61-1426051

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES STREET  
TALLAHASSEE, FL 32314-6200 US

*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

**Officer/Director Detail :**

Title C  
Name ASKEW, MARK  
Address 109 RIVER LANDING DRIVE, SUITE 200  
City-State-Zip: CHARLESTON SC 29492

Title D  
Name TODD, KELLY B  
Address 109 RIVER LANDING DRIVE, SUITE 200  
City-State-Zip: CHARLESTON SC 29492

Title D  
Name HOLDEN, BRIAN  
Address 109 RIVER LANDING DRIVE, SUITE 200  
City-State-Zip: CHARLESTON SC 29492

Title ST  
Name WILLIS, SCOTT  
Address 109 RIVER LANDING DRIVE, SUITE 200  
City-State-Zip: CHARLESTON SC 29492

Title DIRECTOR  
Name CLAXTON, SENA  
Address 109 RIVER LANDING DRIVE, SUITE 200  
City-State-Zip: CHARLESTON SC 29492

Title CFO  
Name HANDY, COLLEEN  
Address 109 RIVER LANDING DRIVE, SUITE 200  
City-State-Zip: CHARLESTON SC 29492

*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:** SCOTT WILLIS

**CEO**

**02/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date