

1.) CORPORATION NAME:

CONTINENTAL AMERICAN INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN W ZUNKA

414 PARK ST

CHARLOTTESVILLE, VA 22902

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

SC

DUE DATE: **11/30/2011**

SCC ID NO: **F1359837**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000
PREFER	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2801 DEVINE ST

CITY/ST/ZIP: COLUMBIA, SC 29205-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: EUGENE C SORREL SR
TITLE: PRESIDENT
ADDRESS: 2801 DEVINE ST
CITY/ST/ZIP/CO: COLUMBIA, SC 29205-

OFFICER

DIRECTOR

NAME: JOEY M LOUDERMILK
TITLE: SECRETARY
ADDRESS: 2801 DEVINE ST
CITY/ST/ZIP/CO: COLUMBIA, SC 29205-

OFFICER

DIRECTOR

NAME: DANIEL P AMES
TITLE: CHAIRMAN
ADDRESS: 2801 DEVINE ST
CITY/ST/ZIP/CO: COLUMBIA, SC 29205-

OFFICER

DIRECTOR

NAME: D CHRISTIAN GOODALL
TITLE: CEO
ADDRESS: 2801 DEVINE ST
CITY/ST/ZIP/CO: COLUMBIA, SC 29205-

OFFICER

DIRECTOR

NAME: ROBERT ANTHONY RINALDI
TITLE: VICE PRESIDENT
ADDRESS: 2801 DEVINE STREET
CITY/ST/ZIP/CO: COLUMBIA, SC 29205-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ROBERT ANTHONY RINALDI</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ROBERT ANTHONY RINALDI, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>11/16/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.