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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844658 (5)
1. Corporation Name
COLONIAL INSURANCE COMPANY OF CALIFORNIA



Principal Place of Business: 2390 E. ORANGEWOOD AVENUE ANAHEIM CA 92806-6187 US
Mailing Address: 2390 E. ORANGEWOOD AVENUE ANAHEIM CA 92806-6141 US

2. Principal Place of Business: 21 2390 E Orangewood Ave
22 Suite, Apt #, etc.
23 City & State: Anaheim, CA
24 Zip: 92806-6187 25 Country: USA

3. Date Incorporated or Qualified: 11/20/1979
3a. Date of Last Report: 05/01/1996
4. FEI Number: 95-0639970
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC <input checked="" type="checkbox"/> DELETE	NAME: GASPER, JOSEPH J	1.1 TITLE: DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 5147 RESERVE DR.	CITY-ST-ZIP: DUBLIN OH 43017	1.2 NAME: Crabtree, Richard D.	
TITLE: D <input type="checkbox"/> DELETE	NAME: MCFERSON, RICHARD D.	1.3 STREET ADDRESS: 7284 Landon Lane	
STREET ADDRESS: 7525 PERRY RD.	CITY-ST-ZIP: DELAWARE OH	1.4 CITY-ST-ZIP: New Albany, OH 43054	
TITLE: DP <input type="checkbox"/> DELETE	NAME: LUNDREGAN, STEPHEN M	2.1 TITLE: DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 8 WESTCLIFF	CITY-ST-ZIP: LAGUNA NIGUEL CA 92677	2.2 NAME: McFerson, Richard D.	
TITLE: VS <input type="checkbox"/> DELETE	NAME: MCCUTCHAN, GORDON E	2.3 STREET ADDRESS: 1657 Wingate Dr	
STREET ADDRESS: 2376 OXFORD ROAD	CITY-ST-ZIP: COLUMBUS OH	2.4 CITY-ST-ZIP: Delaware, OH 43015	
TITLE: VTS <input type="checkbox"/> DELETE	NAME: FERGUSON, JAMES H(ASS-S)	3.1 TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 694 VERONICA	CITY-ST-ZIP: UPLAND, CA 00000	3.2 NAME: Lundregan, Stephen M.	
TITLE: V <input checked="" type="checkbox"/> DELETE	NAME: WATSON, EDWAD D M	3.3 STREET ADDRESS: 4890 Chatelaine Dr	
STREET ADDRESS: 11 BELL CANYON DR	CITY-ST-ZIP: TRABUCO CA 92679	3.4 CITY-ST-ZIP: Dublin, OH 43017	
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE: VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME: McGuire, David F. (Ass-S)	
		6.3 STREET ADDRESS: 22782 Costa Bella Dr	
		6.4 CITY-ST-ZIP: El Toro, CA 94598	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Lundregan Date: 04-23-97 Daytime Phone #: (714)937-1221

CR2E034 (9/96)