

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91287 007 ***158.75

DOCUMENT # P98000041101

1. Entity Name
AMERICAN COLONIAL INSURANCE COMPANY, INC.

Principal Place of Business Mailing Address
1300 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE FL 33323-2804 **2000 INTERSTATE PARK DRIVE SUITE 300 MONTGOMERY AL 36109**

A0067744

2. Principal Place of Business Suite, Apt. #, etc. City & State
 3. Mailing Address Suite, Apt. #, etc. City & State

4. FEI Number **23-7170191** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHN CHARLES MANSFIELD
1300 SAWGRASS CORPORATE PARKWAY, STE 300
SUNRISE FL 33323-2804

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	COBD <input checked="" type="checkbox"/> Delete
NAME	JAMES K. LOWDER
STREET ADDRESS	3236 BANKHEAD AVENUE
CITY-ST-ZIP	MONTGOMERY AL 36106
TITLE	P D <input checked="" type="checkbox"/> Delete
NAME	ROY OVERSTREET
STREET ADDRESS	100 OAKPOINTE PLACE
CITY-ST-ZIP	DUNWOODY GA 30338
TITLE	ASST S D <input checked="" type="checkbox"/> Delete
NAME	JOHN LARRY PITTS
STREET ADDRESS	16 DOGWOOD DRIVE
CITY-ST-ZIP	CLANTON AL 35045
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	THOMAS HENRY LOWDER
STREET ADDRESS	38 COUNTRY CLUB RD
CITY-ST-ZIP	BIRMINGHAM AL 35213
TITLE	V S T D <input checked="" type="checkbox"/> Delete
NAME	PAUL WILHITE MILES
STREET ADDRESS	744 CLOVERDALE ROAD
CITY-ST-ZIP	MONTGOMERY AL 36106
TITLE	ASST S D <input type="checkbox"/> Delete
NAME	BRYAN KEITH TUCKER
STREET ADDRESS	250 E FARMINGTON TRACE
CITY-ST-ZIP	PIKE ROAD AL 36064

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSER LIVINGSTON MCLEOD
STREET ADDRESS	2504 AGNEW STREET
CITY-ST-ZIP	MONTGOMERY AL 36106
TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES HARVEY FARRIOR, JR.
STREET ADDRESS	3107 PINEHURST DRIVE
CITY-ST-ZIP	MONTGOMERY AL 36111
TITLE	V D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WHITTERKA, DOROUGH, JR.
STREET ADDRESS	2067 SOUTH HULL STREET
CITY-ST-ZIP	MONTGOMERY AL 36104-5626
TITLE	S T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL WENDER TOOHEY
STREET ADDRESS	1832 GALENA AVENUE
CITY-ST-ZIP	MONTGOMERY AL 36106
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES HARVEY FARRIOR, JR. PRESIDENT & CEO** **334 270-6790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)