


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000041101

1. Entity Name
AMERICAN COLONIAL INSURANCE COMPANY, INC.



Principal Place of Business Mailing Address

**1300 SAWGRASS CORPORATION PKWY.
 SUITE 300
 SUNRISE, FL 33323-2804**

**2000 INTERSTATE PARK DRIVE
 SUITE 300
 MONTGOMERY, AL 36109**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7170191

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANSFIELD, JOHN CHARLES
 1300 SAWGRASS CORPORATION PKWY
 SUITE 300
 SUNRISE, FL 33323-2804**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

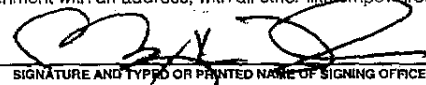
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCLEOD, PURSER L 2504 AGNEW STREET MONTGOMERY, AL 36106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRIOR, JR., JAMES H 3107 PINEHURST DRIVE MONTGOMERY, AL 36111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOROUGH, JR., JOHN W 2067 SOUTH HULL STREET MONTGOMERY, AL 361045626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOOHEY, MICHAEL W 1832 GALENA AVENUE MONTGOMERY, AL 36106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD TUCKER, BRYAN KEITH 250 E. FARMINGTON TRACE PIKE ROAD, AL 36064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000358394
 05/04/05-80114-006 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/26/05 (334) 270-6635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #