

CORPORATION  
ANNUAL REPORT  
1999



Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000006065

1. Corporation Name

COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

Principal Place of Business

300 ST PAUL PLACE  
BALTIMORE MD 21203  
US

Mailing Address

300 ST PAUL PLACE  
BALTIMORE MD 21202  
US

FILED

99 FEB -8 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

52-1096670

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE  
NAME MERZ, ANNETTE  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE MD 21202

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PCEO ☐ DELETE  
NAME WILLIAMS, RICHARD F  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE MD 21202

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BOSLEY, THOMAS B  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE MD 21202

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BORLEIS, FRED L JR  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE MD 21202

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VT ☐ DELETE  
NAME GALLAGHER, JOSEPH J  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE MD 21202

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME YEAZEL, RICHARD F  
STREET ADDRESS 300 ST. PAUL PLACE  
CITY-ST-ZIP BALTIMORE MD 21202

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)