2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041101

Entity Name: AMERICAN COLONIAL INSURANCE COMPANY

FILED Jan 10, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

260 WEKIVA SPINGS ROAD 260 WEKIVA SPINGS ROAD

SUITE 2060 SUITE 2060

LONGWOOD, FL 32779 LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

260 WEKIVA SPINGS ROAD 260 WEKIVA SPINGS ROAD SUITE 2060 SUITE 2060

LONGWOOD, FL 32779 LONGWOOD, FL 32779 US

FEI Number: 23-7170191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER DIVISION OF LEGAL SERVICES 200 EAST GAINES STREET TALLAHASSEE, FL 32399 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCED

Name: CIZEK, JAMES H Address: 7515 COLONY DRIVE City-St-Zip: CUMMING, GA 30041

Title: VSD

Name: DRUHOT, TROY DAVID

Address: 1918 ENCHANTED WOODS TRAIL

City-St-Zip: MARIETTA, GA 30062

Title: TD

Name: SINGH, HEMRAJ (NMI) Address: 81 HULLRICK DRIVE

City-St-Zip: ETOBICOKE, ONTARIO, CANADA, ON M9A 4E3 CA

Title:

Name: STEVE, DOBRONYI Address: 222 BELSIZE DRIVE

City-St-Zip: TORONTO, CANADA, ON M4S 1M4 CA

Title:

Name: LONG, CLAY C Address: 997 NAWENCH DRIVE City-St-Zip: ATLANTA, GA 30327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H. CIZEK PCED 01/10/2012