

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041101

Entity Name: AMERICAN COLONIAL INSURANCE COMPANY

Current Principal Place of Business:

260 WEKIVA SPINGS ROAD
SUITE 2060
LONGWOOD, FL 32779

Current Mailing Address:

260 WEKIVA SPINGS ROAD
SUITE 2060
LONGWOOD, FL 32779 US

FEI Number: 23-7170191

Certificate of Status Desired: Yes

Name and Address of Current 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

Officer/Director Detail :

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

Title VSD
Name DRUHOT, TROY DAVID
Address 1918 ENCHANTED WOODS TRAIL
City-State-Zip: MARIETTA GA 30062

Title D
Name STEVE, DOBRONYI
Address 222 BELSIZE DRIVE
City-State-Zip: TORONTO, CANADA ON M4S 1-M4

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

Title TREASURER
Name SHARMA, ALVIN
Address ECHELON GENERAL INSURANCE
COMPANY
2680 MATHESON BLVD. 300
City-State-Zip: MISSISSAUGA ONTARIO L4W0A5

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

PRESIDENT

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date