

**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 30041Title VSD  
Name DRUHOT, TROY DAVID  
Address 1918 ENCHANTED WOODS TRAIL  
City-State-Zip: MARIETTA GA 30062Title D  
Name STEVE, DOBRONYI  
Address 222 BELSIZE DRIVE  
City-State-Zip: TORONTO, CANADA ON M4S 1-M4Title D  
Name LONG, CLAY C  
Address 997 NAWENCH DRIVE  
City-State-Zip: ATLANTA GA 30327Title 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