## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 807701** 

FILED Jan 04, 2012 Secretary of State

Entity Name: COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

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

1200 COLONIAL LIFE BLVD. COLUMBIA, SC 29210

Current Mailing Address: New Mailing Address:

P.O. BOX 1365 COLUMBIA, SC 29202

FEI Number: 57-0144607 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 P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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: VPCS

 Name:
 ROTH, SUSAN N

 Address:
 1 FOUNTAIN SQUARE

 City-St-Zip:
 CHATTANOOGA, TN 37402

Title: DC

 Name:
 WATJEN, THOMAS R

 Address:
 1 FOUNTAIN SQUARE

 City-St-Zip:
 CHATTANOOGA, TN 37402

Title: DPCE

Name: HORN, RANDALL C
Address: 1200 COLONIAL LIFE BLVD.,
City-St-Zip: COLUMBIA, SC 29210

Title: DEVP

Name: MCKENNEY, RICHARD P Address: 1 FOUNTAIN SQUARE City-St-Zip: CHATTANOOGA, TN 37402

Title: SVPT

Name: MCMAHON, KEVIN A Address: 1 FOUNTAIN SQ

City-St-Zip: CHATTANOOGA, TN 37402

Title: DEVP

 Name:
 BISHOP, III, E. L

 Address:
 1 FOUNTAIN SQUARE

 City-St-Zip:
 CHATTANOOGA, TN 37402

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: SUSAN N. ROTH VPCS 01/04/2012