FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 14 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846971** **(0)**

1. Corporation Name
COLONIAL AMERICAN LIFE INSURANCE COMPANY

800001457428
-04/17/95--01001--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O FLEET FINANCE 30 PERIMETER PARK ATLANTA GA 30341	C/O FLEET FINANCE 30 PERIMETER PARK ATLANTA GA 30341

3. Date Incorporated or Qualified: **09/16/1980**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **72-0172600** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE STATE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	CD	☒ Change ☐ Addition
NAME	OWENS, R. HAROLD	12 NAME	JOHN S. POELKER	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	13 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY ST ZIP	ATLANTA, GA 0	14 CITY ST ZIP	ATLANTA, GA 30346	
TITLE	VS	21 TITLE	VD	☒ Change ☐ Addition
NAME	STANFORTH, JOHN B.	22 NAME	KATHLEEN M. IRELAND	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	23 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY ST ZIP	ATLANTA, GA 0	24 CITY ST ZIP	ATLANTA, GA 30346	
TITLE	VS	31 TITLE	VS	☒ Change ☐ Addition
NAME	SITZES, STEVEN L.	32 NAME	THERESE G. FRANZEN	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	33 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	ATLANTA, GA 30346	
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	WERCHANOWSKYJ, WALT J.	42 NAME	GORDON W. WHITE	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	43 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	ATLANTA, GA 30346	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	MUTTERPERL, WILLIAM C.	52 NAME		
STREET ADDRESS	111 WESTMINSTER ST.	53 STREET ADDRESS		
CITY ST ZIP	PROVIDENCE RI	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ZUCCHINI, MICHAEL R.	62 NAME		
STREET ADDRESS	111 WESTMINISTER ST.	63 STREET ADDRESS		
CITY ST ZIP	PROVIDENCE RI	64 CITY ST ZIP		4-14-95 MSH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John S. Poelker JOHN S. POELKER 4/10/95 904-392-2440
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300344 FP