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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
COLONIAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
C/O FLEET FINANCE 90 PERIMETER PARK ATLANTA GA 30341	C/O FLEET FINANCE 30 PERIMETER PARK ATLANTA GA 30341-1329

3. Date Incorporated or Qualified: 09/16/1980
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business
21 6 Executive Park Dr., NE
Suite, Apt. #, etc. 22
City & State 23 Atlanta, GA
Zip 24 30329 Country 25 USA

2a. Mailing Address
26 6 Executive Park Dr., NE
Suite, Apt. #, etc. 27
City & State 28 Atlanta, GA
Zip 29 30329 Country 30 USA

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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	TORKE, MICHAEL J		1.2 NAME	Torke, Michael J.	
STREET ADDRESS	1214 ASHFORD PARKWAY		1.3 STREET ADDRESS	1333 Main Street	
CITY-ST-ZIP	DONWOODY GA		1.4 CITY-ST-ZIP	Columbia, SC 29211	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOULD, WILBAUR H		2.2 NAME		
STREET ADDRESS	211 PERIMETER CENTER PKWY SUITE 800		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	3.1 TITLE	SVP/AS	☐ Change ☒ Addition
NAME	FRANZEN, THERESE G		3.2 NAME	Mackie, Janet H.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		3.3 STREET ADDRESS	6 Executive Park Dr., NE	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	VD	☒ DELETE	4.1 TITLE	P/C/D	☐ Change ☒ Addition
NAME	WHITE, GORDON W		4.2 NAME	Armstrong, Donald F.	
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800		4.3 STREET ADDRESS	6 Executive Park Dr., NE	
CITY-ST-ZIP	ATLANTA GA 30346		4.4 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	S	☐ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	MUTTERPERL, WILLIAM C.		5.2 NAME	Mutterperl, William C.	
STREET ADDRESS	111 WESTMINSTER ST.		5.3 STREET ADDRESS	One Federal Street	
CITY-ST-ZIP	PROVIDENCE RI		5.4 CITY-ST-ZIP	Boston, MA 02110	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZUCCHINI, MICHAEL R.		6.2 NAME		
STREET ADDRESS	111 WESTMINISTER ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

(404) 320-2700

SIGNATURE: _____ Monique Bourgeois AVP/Asst Sec 04/28/97