

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90095 013 \*\*\*158.75

DOCUMENT # 846971

1. Corporation Name  
COLONIAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business

673 CHERRY LANE  
SOUDERTON PA 18964  
US

Mailing Address

673 CHERRY LANE  
SOUDERTON PA 18964  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1980

4. FEI Number

72-0172600

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	LANDES, RONALD A	
STREET ADDRESS	354 SOUTH HAMILTON STREET	
CITY-ST-ZIP	TELFORD PA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ZBYSZINSKI, CECILIA M	
STREET ADDRESS	117 WINTER DRIVE	
CITY-ST-ZIP	NORTH WALES PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEPHENS, MARTHA C	
STREET ADDRESS	652 W. ST. ANDREWS DRIVE	
CITY-ST-ZIP	MEDIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDES, GREGORY S	
STREET ADDRESS	206 SOUTH ALLENTOWN ROAD	
CITY-ST-ZIP	TELFORD PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINNER, FREDERICK C	
STREET ADDRESS	160 SKYLINE DRIVE	
CITY-ST-ZIP	NEW HOLLAND PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEMENS, GREGORY R	
STREET ADDRESS	562 MELVINS ROAD	
CITY-ST-ZIP	TELFORD PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	18969
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	19454
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	19063
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	18969
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	17557
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	18969
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

RONALD A. LANDES

Date

Daytime Phone #


1-25-99

215-723-3044

CR2E034 (11/98)

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<b>-PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 846971

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COLONIAL AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business 673 CHERRY LANE SOUDERTON PA 18964 US	Mailing Address 673 CHERRY LANE SOUDERTON PA 18964 US
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271580-98095-13  
846971



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1980	
21		26		4. FEI Number 72-0172600	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
THE STATE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	
NAME	LANDES, RONALD A	1.2 NAME	D Jauss, Frederick R.
STREET ADDRESS	354 SOUTH HAMILTON STREET	1.3 STREET ADDRESS	708 Aldrin Avenue
CITY-ST-ZIP	TELFORD PA	1.4 CITY-ST-ZIP	Lansdale, PA 19446
TITLE	STD	2.1 TITLE	
NAME	ZBYSZINSKI, CECILIA M	2.2 NAME	
STREET ADDRESS	117 WINTER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH WALES PA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	STEPHENS, MARTHA C	3.2 NAME	
STREET ADDRESS	652 W. ST. ANDREWS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDIA PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LANDES, GREGORY S	4.2 NAME	
STREET ADDRESS	206 SOUTH ALLENTOWN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TELFORD PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WINNER, FREDERICK C	5.2 NAME	
STREET ADDRESS	160 SKYLINE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HOLLAND PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CLEMENS, GREGORY R	6.2 NAME	
STREET ADDRESS	562 MELVINS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TELFORD PA	6.4 CITY-ST-ZIP	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #