* - 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**

DOCUMENT # 846971

1. Corporation Name

COLONIAL AMERICAN LIFE INSURANCE COMPANY

Principal Place	of Business	Mailing Address				1 106/81 10(1) 61616 21(1) 10(1))			
673 CHERRY LA	INE	673 CHERRY LANE								
SOUDERTON PA	A 18964	SOUDERTON PA 18964			j	DO NOT MIDITE IN THIS STACE				
US		US			}	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						09/16/1980			,	
O Dringing Di	ace of Business	L 2a Mailing Address				4. FEI Number		Ant	plied For 3	
<u> </u>	ace of Business	2a. Mailing Address				72-0172600		<u> </u>	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A			
———	m, etc.	27			5. Certifcate of Status Desired	\mathbf{x}	Fee Red			
22 City & State	المنافع المناف	City & State				6. Election Campaign Financing	مستحي	~ \$5.00 T	May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	гу		8. This corporation owes the cur	rent year int	angible		
24	25	29	30			Personal Property Tax.		☐Yes	₩No	
	9. Name and Address of Current I	Registered Agent			•	10. Name and Address of New	Registered	Agent		
			8	11 Name						
	RANCE COMMISSIONER OF FLOI	RIDA	5	82 Street Address (P.O. Box Number is Not Acceptable)						
	STATE CAPITOL BUILDING		`	- Glidot /	, 100.00			,		
TALL	AHASSEE FL 32301		[8	13						
	1 5 3 3 4 4		-	4 City				85 Zip C	`ode	
				1			FL	. `		
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was aut	inorizea i	y the corpu	corpor oration	ation submits this statement for the 's board of directors. I hereby acce	₃ purpose of pt the appoi	changing its ntment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent a		Registered A	ent signature n	equired w	rhen reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	CPD	☐ DELETE	1.1 TITL	!				☐ Change	Addition	
NAME	Landes, ronald a		1.2 NAM	E						
STREET ADDRESS	354 SOUTH HAMILTON STREET		1.3 STREET ADDRESS			18969				
CITY-ST-ZIP	TELFORD PA			-ST-ZIP		10000				
TITLE	STD	☐ DELETE	2.1 TITL	Ē				Change	★ Addition	
NAME	zbyszinski, cecelia m		2.2 NAM	E		19454			ļ	
STREET ADDRESS	117 WINTER DRIVE		2.3 STREET ADDRESS			13434				
CITY-ST-ZIP	NORTH WALES PA		2.4 CIT	r-ST-ZIP	<u> </u>	<u> </u>				
TITLE	VD	☐ DELETE	3.1 TITU	E	ļ			Change	Addition	
NAME	STEPHENS, MARTHA C		3.2 NAM	E						
STREET ADDRESS	652 W. ST. ANDREWS DRIVE		3.3 STREET ADDRESS			19063				
CITY-ST-ZIP	MEDIA PA		3.4. CIT	/-ST∙ZIP						
TITLE	D	☐ DELETE	4.1 TITL	E				[j] Change	★ Addition	
NAME	LANDES, GREGORY S		4. 2 NA	1E						
STREET ADDRESS	206 SOUTH ALLENTOWN ROAD		4.3 STR	EET ADDRESS		18969			l	
CITY-ST-ZIP	TELFORD PA		4.4 CITY	-ST-ZIP						
πιε	D	☐ DELETÉ	5.1 TITL	E				Change	★ Addition	
NAME	WINNER, FREDERICK C		5.2 NAM	E						
STREET ADDRESS	160 SKYLINE DRIVE		5.3 STR	EET ADDRESS		4000			}	
CITY OT ZID	NEW HOLLAND PA		5.4 CITY	-ST-ZIP		17557				

TELFORD PA 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

NEW HOLLAND PA

562 MELVINS ROAD

CLEMENS, GREGORY R

DONAL CLOURED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RONALD A LANDES

☐ DELETE

18969

215-723-3044

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90095 013 ***158.75

Change

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

-PROFIT CORPORATION 1 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

ANN	Secretary of State 1999 DIVISION OF CORPORATIONS					271580-9	1796	_	
I. Corporatio	MENT # 846971	NOE	COMPANY				271580-98 846971	20 12 - V	3
COLOIN	AL AMERICAN LIFE INSURA	NUE	COMPANY						
Principal Plac	ce of Business	Ma	ailing Address			-	- 1 100103 10111 01010 01110 10111 1000 1110	AKRAN AKRAN BHOM ANAN D	JABAN BIJON NOBI
673 CHERRY L	ANE	673	CHERRY LANE						
SOUDERTON PA 18964			SOUDERTON PA 18964			DO NOT WRITE IN	THIS SUACE		
บร		ມຣ					Do Not Walle In Do Not Walle In Do Not Walle In	THIS SPACE	
]							09/16/1980		
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number	Ap	plied For
21		26					72-0172600		t Applicable
Suite, Apt.	. #, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22 City & Star	te	27	-City & State						<u> </u>
23		28	311, 4 41416				6. Election Campaign Financing	** \$5.00 Added t	
Zip	Country	120	Zip	Cou	intry		8. This corporation owes the current ye		
24	25	29		30			Personal Property Tax.		₩No
	9. Name and Address of Current	Regist	tered Agent				10. Name and Address of New Registo	ared Agent	
INSI	JRANCE COMMISSIONER OF FLO	ARIDA			81 Name				
1	STATE CAPITOL BUILDING	רענוווני	82 Street Addre			Addre	ss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301				831					
			-		84 City	_		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 60	7.1508, Florida Statute	s, the a	bove-named	corpor	ration submits this statement for the purpo-	se of changing its	registered
office or a	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florid	 Such change was au Section 607,0505, Flori 	ithorized ida Stati	d by the corp utes.	oration	's board of directors. I hereby accept the a	appointment as rec	gistered
SIGNATURE		,					,		
	Signature, typed or printed name of registered agent				Agent signature .	required >			
12.	OFFICERS AND	DIRE	DELETE	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE NAME	CPD LANDES, RONALD A		□ oers≀s	1,1 Tr 1,2 N/		D		Change	Addition X
STREET ADDRESS	354 SOUTH HAMILTON STREET	, ,		1	REET ADDRESS		iss, Frederick R.		
CITY-ST-ZIP	TELFORD PA			1	TY-ST-ZIP		Aldrin Avenue		
TITLE	STD		☐ DELETE	2.1 1		Lar	isdale, PA-19446	Change	Addition
NAME	ZBYSZINSKI, CECELIA M			2.2 NA	AME	ĺ			
STREET ADDRESS	117 WINTER DRIVE			2.3 ST	REET ADDRESS				
CITY-ST-ZIP	NORTH WALES PA		·	2.4 C	ITY-ST-ZIP	<u> </u>	· <u> </u>		 -
TITLE	VD		☐ DELETE	3.1 Tr	TLE	j		Change	Addition
NAME	STEPHENS, MARTHA C			3.2 NA					
STREET ADDRESS	652 W. ST. ANDREWS DRIVE				REET ADDRESS	1			
CITY-ST-ZIP	MEDIA PA		☐ OELETE	3.4. CI 4.1 TII	ITY-ST-ZIP			Change	Addition
NAME	LANDES, GREGORY S		- Descrie	1 2 N		1		[_] Grange	1. /
STREET ADDRESS	206 SOUTH ALLENTOWN ROAD)		i	REET ADDRESS				
CITY-ST-ZIP	TELFORD PA				TY-ST-ZIP	1			
TITLE	D		☐ DELETE	5.1 TT				☐ Change	Addition
NAME i	WINNER, FREDERICK C			5.2 NA	ME	İ			
STREET ADDRESS	160 SKYLINE DRIVE			5.3 ST	REET ADDRESS	۔	-		
CITY+ST-ZIP	NEW HOLLAND PA				TY-ST-ZIP				
TITLE	D OF EMENO OBEODRY D		☐ DELETE	6.1 77				Change	noilibbA F
NAME	CLEMENS, GREGORY R			6.2 NA	REET ADDRESS	[
STREET ADDRESS	562 MELVINS ROAD			0.30	いいてい マロひいこうりょ	1			

6.4 CITY-ST-ZIP TELFORD PA 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.

S	G	N	Δ-	rı I	IR	F

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #