

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90073 037 ***158.75

DOCUMENT # 846971

1. Entity 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****BUUU/104**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-0172600**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
THE STATE CAPITOL BUILDING
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. 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	729 Salford Station Rd	
CITY-ST-ZIP	SCHWENKSVILLE PA 19473	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENS, GREGORY R	
STREET ADDRESS	562 MELVINS ROAD	
CITY-ST-ZIP	TELFORD PA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**CECELIA M ZBYSZINSKI**
Cecelia M. Zbyszynski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01
Date**215-723-3044**
Daytime Phone #

CR2E034 (10/00)

0576190