


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0172600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ...

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LANDES, RONALD A 354 SOUTH HAMILTON STREET TELFORD, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZBYSZINSKI, CECELIA M 673 CHERRY LANE SOUDERTON, PA 18964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAMM, RICHARD 673 CHERRY LANE SOUDERTON, PA 18964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDES, GREGORY S 206 SOUTH ALLENTOWN ROAD TELFORD, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNER, FREDERICK C 1339 CEDAR AVE EAST EARL, PA 17519
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENS, GREGORY R 562 MELVINS ROAD TELFORD, PA

U00000609102
02/01/07-80037-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Cecelia M Zbyszynski Cecelia Zbyszynski 1/27/07 215-723-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #