


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90110 038 \*\*\*150.00

<b>DOCUMENT # 846971</b> 1. Entity Name <b>COLONIAL AMERICAN LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>673 CHERRY LANE</b> <b>SOUDERTON, PA 18964 US</b>			Mailing Address <b>673 CHERRY LANE</b> <b>SOUDERTON, PA 18964 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>72-0172600</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LANDES, RONALD A 354 SOUTH HAMILTON STREET TELFORD, PA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Landes, Ronald A 354 South Hamilton St Telford, PA 18969 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZBYSZINSKI, CECELIA M 673 CHERRY LANE SOUDERTON, PA 18964 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Zbyszinski, Cecelia M 673 Cherry Lane Souderton, PA 18964 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAMM, RICHARD 673 CHERRY LANE SOUDERTON, PA 18964 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Kolojay, Timothy M 673 Cherry Lane Souderton, PA 18964 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDES, GREGORY S 206 SOUTH ALLENTOWN ROAD TELFORD, PA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Neucroschel, William J 673 Cherry Lane Souderton, PA 18964 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNER, FREDERICK C 1339 CEDAR AVE EAST EARL, PA 17519 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haldeman, Robert B 673 Cherry Lane Souderton, PA 18964 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENS, GREGORY R 562 MELVINS ROAD TELFORD, PA <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephens, Martha 673 Cherry Lane Souderton, PA 18964 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Martha Stephens</u> <b>MARTHA STEPHENS</b> <u>1/8/08</u> <u>(215) 723 3044</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <i>Vice Pres, Oper.</i>					