

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846971

FILED  
Feb 15, 2010  
Secretary of State

**Entity Name:** COLONIAL AMERICAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

673 EAST CHERRY LANE  
SOUDERTON, PA 18964 US

**New Principal Place of Business:**

**Current Mailing Address:**

673 EAST CHERRY LANE  
SOUDERTON, PA 18964 US

**New Mailing Address:**

**FEI Number:** 72-0172600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DVP  
**Name:** STEPHENS, MARTHA  
**Address:** 673 EAST CHERRY LANE  
**City-St-Zip:** SOUDERTON, PA 18964

**Title:** S  
**Name:** ZBYSZINSKI, CECELIA M  
**Address:** 673 EAST CHERRY LANE  
**City-St-Zip:** SOUDERTON, PA 18964

**Title:** T  
**Name:** KEGLEY, SANDRA  
**Address:** 673 EAST CHERRY LANE  
**City-St-Zip:** SOUDERTON, PA 18964

**Title:** D  
**Name:** LANDES, GREGORY S  
**Address:** 206 SOUTH ALLENTOWN ROAD  
**City-St-Zip:** TELFORD, PA

**Title:** C  
**Name:** KOLOJAY, TIMOTHY M  
**Address:** 673 CHERRY LANE  
**City-St-Zip:** SOUDERTON, PA 18964

**Title:** CEOP  
**Name:** NEUGROSCHER, WILLIAM J  
**Address:** 673 EAST CHERRY LANE  
**City-St-Zip:** SOUDERTON, PA 18964

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARTHA STEPHENS

DVP

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date