

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846971

FILED
Feb 03, 2011
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

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 C. STEPHENS

DVP

02/03/2011

Electronic Signature of Signing Officer or Director

Date