

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90101 031 ***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**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CPD LANDES, RONALD A**
STREET ADDRESS **354 SOUTH HAMILTON STREET**
CITY-ST-ZIP **TELFORD PA**

TITLE ☐ Change ☒ Addition
NAME **D JAUSS, Frederick R**
STREET ADDRESS **708 Aldrin Avenue**
CITY-ST-ZIP **Lansdale, PA 19446**

TITLE ☐ Delete
NAME **STD ZBYSZINSKI, CECELIA M**
STREET ADDRESS **117 WINTER DRIVE**
CITY-ST-ZIP **NORTH WALES PA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD STEPHENS, MARTHA C**
STREET ADDRESS **652 W. ST. ANDREWS DRIVE**
CITY-ST-ZIP **MEDIA PA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D LANDES, GREGORY S**
STREET ADDRESS **206 SOUTH ALLENTOWN ROAD**
CITY-ST-ZIP **TELFORD PA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D WINNER, FREDERICK C**
STREET ADDRESS **729 Salford Station Rd**
CITY-ST-ZIP **SCHWENKSVILLE PA 19473**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D CLEMENS, GREGORY R**
STREET ADDRESS **562 MELVINS ROAD**
CITY-ST-ZIP **TELFORD PA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cecelia M Zbyszinski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 723-3044
Date Daytime Phone #

CR2E034 (10/02)