


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # F00000007042</b><br>1. Entity Name<br><b>COLONY NATIONAL INSURANCE COMPANY</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>9201 FOREST HILL AVENUE STE 200<br/>RICHMOND, VA 23225</b> | Mailing Address<br><b>9201 FOREST HILL AVENUE STE 200<br/>RICHMOND, VA 23225</b> |
|--|--|



03182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0075940</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

**6. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000115642  
04/16/04-80031-014 150.00**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PILKINGTON, DALE H<br>9201 FOREST HILL AVE STE 200<br>RICHMOND, VA 23235   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>WILSON, SCOTT A<br>9201 FOREST HILL AVE STE 200<br>RICHMOND, VA 23235      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WATSON, MARK E III<br>10101 REUNION PLACE, STE 800<br>SAN ANTONIO, TX 78216 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HAUSHILL, MARK W<br>10101 REUNION PLACE, STE 800<br>SAN ANTONIO, TX 78216  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>YEDINY, JOHN<br>654 MAIN STREET<br>ROCKWOOD, PA 155671098                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>EARHART, STEVEN P<br>9201 FOREST HILL AVE STE 200<br>RICHMOND, VA 23235     |

**DO NOT WRITE  
IN THIS SPACE**

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:

*Steven P. Earhart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-04**

Date

**804-327-1759**

Daytime Phone #