2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # F0000007042

1. Entity Name

COLONY NATIONAL INSURANCE COMPANY



FILED Apr 20, 2005 8:00 am Secretary of State

04-20-2005 90336 048 ***150.00

					1								
Principal Plac	e of Busines:	S	Mailing Address	-									
9201 FOREST HILL AVENUE STE 200 RICHMOND VA 23225			9201 FOREST HILL AVENUE STE 200 RICHMOND VA 23225										•
111011110112	VA ZOEZO		11011110110 17 20220			1			1111 BB411 PB441 B		<u>50</u>	0400	02
2. Principal F	Olsoo of Busin		3. Mailing Address										
z. Filiopair	riace of Busin	655	3. Walling Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1.	st MOC	RE	CR	2E034	(10/04)	
City & Stat	te		City & State				4. FEI Num	ber 65	-00759	40		-	pplied For lot Applicable
Zip		Country	Zip	try	5. Certifica			us Desired	, [\$8.75 Ad	iditional	
	6. Name	and Address of Current I	Registered Agent	L		L	7. Name an	id Addre	ss of New	Regis		•	
					Name								
INSURANCE COMMISIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399					Street Address (P.O. Box Number is Not Acceptable)								
IAL		LL 1 L 32333											
				1	City						FL	Zip Co	de
	e named entity tions of regist		the purpose of changing its	registere	ed office o	registered	d agent, or b	oth, in th	e State of	Florida	ı. Tam f	amiliar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E Registere	d Agent signar	w benuper etu	hen reinstating)				DATE		
(/{{\formula}}	II E NOWII	! FEE IS \$150,00	<u> </u>	···		· · · · · · · · · · · · · · · · · · ·		T					
After	May 1, 200	5 Fee Will Be \$550.00							ection Carr				.00 May Be led to Fees
Make Checl	k Payable to	Florida Department of	State					"	astruna C	or raiba	10011,	L.J Auc	ied to rees
10.		OFFICERS AND		11.		t	ADDITIONS	S/CHAN	GES TO O	FFICEF	RS AND		
TITLE NAME	PD PILKINGTO	N, DALE H	☐ Delete	TITLE		ĺ						☐ Change	Addition
STREET ADDRESS	1	ST HILL AVE STE 200			ET ADDRESS								
CITY-S1-ZIP	RICHMONE	VA 23235	,	CITY	-ST-ZIP								
TITLE	vs		Delete	TATLE		Secr	etari n L. L Reur	1 - 10	-0 5	<u> </u>		☐ Change	Addition
NAME STREET ADDRESS	WILSON, S	ST HILL AVE STE 200		NAM	E et adoress	10101	Reur	sion	Place	ىخ	: He	500	
CITY-ST-ZIP		VA 23235			-ST-ZIP	San	Anta	nio,	Tx.	782	16		
TITLE	D		☐ Defete	TITLE	:							☐ Change	Addition
NAME	WATSON,			NAM	Ξ								•
STREET ADDRESS City-ST-ZIP	ł	NION PLACE, STE 200			ET ADDRESS								
	DT	NIO TX 78216	—		-ST-ZIP								
TITLE NAME	HAUSHILL,	MARK W	☐ Delete	TITLE								☐ Change	☐ Addition
STREET ADDRESS		NION PLACE, STE 200			ET ADDRESS								
CITY-ST-ZIP		NIO TX 78216		CITY-	-ST-ZiP	•							
TITLE	D YEDINY, JO	ΩHN.	☐ Delete	TITLE								☐ Change	☐ Addition
NAME STREET ADDRESS	654 MAIN			NAM8	: Et address								
CITY-ST-ZIP	I	DD PA 15557-1098			ST-ZIP								
THTLE	V	•	Delete	THILE		Vice	presid	dent	Contr	rolle	-	☐ Change	Addition
NAME	EARHART,			NAME		G.W	presions ouglas Forest	- Gr	ffi.	_	٠ (م ٢		*
STREET ADDRESS	I	ST HILL AVE STE 200 VA 23235			ET ADDRESS	9201	Forest	Hill	Ave.	2u	. tC =	00	
CITY-ST-ZIP	I	· · · · CUEUU		CHY-	ST-ZIP	Kich	GNOW	VA	333	3 >			

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:

SIGNATURE AND YPED OF REINTED NAME OF SIGNING OFFICER OR DIRECTOR

804-327-1828