

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|                                                            |                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F00000007042</b>                             |  |
| 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> |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

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04112006 No Chg-P CR2E034 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0075940</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>INSURANCE COMMISSIONER<br/>THE CAPITOL BUILDING<br/>TALLAHASSEE, FL 32399</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

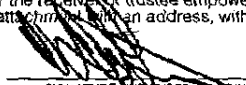
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 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 | S<br>LE FLORE, BYRON L JR<br>10101 REUNION PLACE, STE 500<br>SAN ANTONIO, TX 78216 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WATSON, MARK E III<br>1010 REUNION PLACE, STE 500<br>SAN ANTONIO, TX 78216    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HAUSHILL, MARK W<br>1010 REUNION PLACE, STE 500<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 155571098                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GRIFFIN, W. DOUGLAS<br>9201 FOREST HILL AVE, STE 200<br>RICHMOND, VA 23235   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 APR 06

504-327-1813

Date Daytime Phone #