2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F00000007042

1. Entity Name
COLONY NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
9201 FOREST HILL AVENUE STE 200 RICHMOND, VA 23225	9201 FOREST HILL AVENUE STE 200 RICHMOND, VA 23225

04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0075940
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISIONER
THE CAPITOL BUILDING
TALLAHASSEE, FL 32399

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	PILKINGTON, DALE H
STREET ADDRESS	9201 FOREST HILL AVE STE 200
CITY-ST-ZIP	RICHMOND, VA 23235
TITLE	S
NAME	LE FLORE, BYRON L JR
STREET ADDRESS	10101 REUNION PLACE, STE 500
CITY-ST-ZIP	SAN ANTONIO, TX 78216
TITLE	D
NAME	WATSON, MARK E III
STREET ADDRESS	1010 REUNION PLACE, STE 500
CITY-ST-ZIP	SAN ANTONIO, TX 78216
TITLE	DT
NAME	HAUSHILL, MARK W
STREET ADDRESS	1010 REUNION PLACE, STE 500
CITY-ST-ZIP	SAN ANTONIO, TX 78216
TITLE	D
NAME	YEDINY, JOHN
STREET ADDRESS	654 MAIN STREET
CITY-ST-ZIP	ROCKWOOD, PA 155571098
TITLE	VP
NAME	GRIFFIN, W. DOUGLAS
STREET ADDRESS	9201 FOREST HILL AVE, STE 200
CITY-ST-ZIP	RICHMOND, VA 23235

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05/05/06-80042-012 150.00

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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: _____ 24 APR 06 804-327-1833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #