


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90035 017 ***150.00

DOCUMENT # F00000007042 1. Entity Name COLONY NATIONAL INSURANCE COMPANY					
Principal Place of Business 9201 FOREST HILL AVENUE STE 200 RICHMOND, VA 23225			Mailing Address 9201 FOREST HILL AVENUE STE 200 RICHMOND, VA 23225		
2. Principal Place of Business - No P.O. Box # 8720 Stony Point Pkwy.		3. Mailing Address ← Same			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.			
City & State Richmond VA		City & State		4. FEI Number 65-0075940	
Zip 23235		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PILKINGTON, DALE H 9201 FOREST HILL AVE STE 200 RICHMOND, VA 23235	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dale H. Pilkington 8720 Stony Point Pkwy., Suite 300 Richmond, VA 23235
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LE FLORE, BYRON L JR 10101 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Craig S. Comeaux 10101 Reunion Place, Suite 300 San Antonio, TX 78216
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MARK E III 1010 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAUSHILL, MARK W 1010 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEDINY, JOHN 654 MAIN STREET ROCKWOOD, PA 155571098	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFIN, W. DOUGLAS 9201 FOREST HILL AVE, STE 200 RICHMOND, VA 23235	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC W. Douglas Griffin 8720 Stony Point Pkwy., Suite 300 Richmond, VA 23235
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 member 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 30 APR 07 Daytime Phone # 804 560 2968					