

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007042

FILED
Apr 08, 2009
Secretary of State

Entity Name: COLONY NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

8720 STONY POINT PKWY
SUITE 300
RICHMOND, VA 23235

New Principal Place of Business:

Current Mailing Address:

8720 STONY POINT PKWY
SUITE 300
RICHMOND, VA 23235

New Mailing Address:

FEI Number: 65-0075940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PILKINGTON, DALE H
Address: 8720 STONY POINT PKWY STE 300
City-St-Zip: RICHMOND, VA 23235

Title: SD () Delete
Name: COMEAUX, CRAIG S
Address: 10101 REUNION PLACE STE 300
City-St-Zip: SAN ANTONIO, TX 78216

Title: T () Delete
Name: POLLAK, MATTHEW
Address: 8720 STONY PT PKWY
City-St-Zip: RICHMOND, VA 23235

Title: D () Delete
Name: ARLEDGE, MICHAEL
Address: 10101 REUNION PL
City-St-Zip: SAN ANTONIO, TX 78216

Title: D () Delete
Name: COTTER, DANIEL
Address: 10101 REUNION PL
City-St-Zip: SAN ANTONIO, TX 78216

Title: VC () Delete
Name: GRIFFIN, W. DOUGLAS
Address: 8720 STONY POINT PKWY STE 300
City-St-Zip: RICHMOND, VA 23235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. DOUGLAS GRIFFIN

VP

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date