

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007042

FILED  
Apr 05, 2012  
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:**

P.O. BOX 469011  
SAN ANTONIO, TX 78246

**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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: SUTHERLAND, BARBARA L  
Address: 10101 REUNION PLACE, STE 500  
City-St-Zip: SAN ANTONIO, TX 78216

Title: VPSD  
Name: COMEAUX, CRAIG S  
Address: 10101 REUNION PLACE, STE 500  
City-St-Zip: SAN ANTONIO, TX 78216

Title: SVPD  
Name: ANDERSON, SAMUEL C  
Address: 8720 STONY POINT PKWY SUITE 300  
City-St-Zip: RICHMOND, VA 23235

Title: D  
Name: ARLEDGE, MICHAEL  
Address: 10101 REUNION PLACE, STE 500  
City-St-Zip: SAN ANTONIO, TX 78216

Title: VPT  
Name: THOMPSON, MELINDA  
Address: 8720 STONY POINT PKWY, STE 300  
City-St-Zip: RICHMOND, VA 23235

Title: PD  
Name: LEVINSON, LOUIS D  
Address: 610 BROADWAY, 4TH FLOOR  
City-St-Zip: NEW YORK, NY 10012

I hereby 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 all other like empowered.

SIGNATURE: BARBARA L. SUTHERLAND

VPD

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date