2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

F00000007042

1. Entity Name

COLONY NATIONAL INSURANCE COMPANY



FILED

Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90054 011 ***150.00

Principal Place of Business Mailing Address 9201 FOREST HILL AVENUE. SUITE #200 9201 FOREST HILL AVENUE. SUITE #200 11006728 RICHMOND VA 23225 RICHMOND VA 23225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0075940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32399 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 - PD **Delete** TITLE Addition TITLE Dale H. P. Ikington NAME LATHAM, JOHN K -NAME 9201 Forest Hill Ave. Suite #200 STREET ADDRESS 9201 FOREST HILL AVENUE, SUITE #200 STREET ADDRESS Richmond, UA, azass CITY-ST-ZIP RICHMOND VA 23235 CITY-ST-ZIP Delete ☐ Change Addition TITLE ٧S TITLE scott A .wilson NAME DESCH, EDWARD NAME 9201 Forest Hill Ave., Suite # 200 STREET ADDRESS 9201 FOREST HILL AVENUE, SUITE #200 STREET ADDRESS CITY-ST-ZIE RICHMOND VA 23235 CITY-ST-ZIP Richmond, UA. 23235 ☐ Delete TITLE TITLE Change Addition NAME WATSON, MARK E III NAME STREET ADDRESS 10101 REUNION PLACE, SUITE 800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78216 TITLE DT ☐ Delete TITLE Change ☐ Addition HAUSHILL, MARK W NAME NAME STREET ADDRESS 10101 REUNION PLACE, SUTE 800 STREET ADDRESS CITY-ST-7IP SAN ANTONIO TX 78216 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition YEDINY, JOHN NAME STREET ADDRESS 654 MAIN STREET STREET ADDRESS CITY-ST-7IP ROCKWOOD PA 15557-1098 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition EARHART, STEVEN P NAME 9201 FOREST HILL AVE.STE 200 STREET ADDRESS STREET ADDRESS **RICHMOND VA 23235** CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE: