FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J57779** **(7)**

1. Corporation Name

FIRST COLONIAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
76 SOUTH LAURA STREET JACKSONVILLE FL 32202	76 SOUTH LAURA STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~02/17/1987~~ 02/28/87
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 1776 American Heritage Life	26 1776 American Heritage Life
Suite, Apt. #, etc. 22 Drive	Suite, Apt. #, etc. 27 Drive
City & State 23 Jacksonville, Florida	City & State 28 Jacksonville, Florida
Zip: 24 32224-6688 Country: 25 USA	Zip: 29 32224-6688 Country: 30 USA

4. FEI Number: 59-2773658 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	VERLANDER, W. ASHLEY	12 NAME		
STREET ADDRESS	76 SOUTH LAURA STREET	13 STREET ADDRESS	delete	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE		☒ Change ☐ Addition
NAME	DOUGLAS, THOMAS O'NEAL	22 NAME		
STREET ADDRESS	76 SOUTH LAURA STREET	23 STREET ADDRESS	1776 American Heritage Life Drive	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Florida 32224-6688	
TITLE	DSV	31 TITLE		☒ Change ☐ Addition
NAME	VERLANDER, CHRISTOPHER	32 NAME		
STREET ADDRESS	76 SOUTH LAURA STREET	33 STREET ADDRESS	1776 American Heritage Life Drive	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, Florida 32224-6688	
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	MAYHEW, WILLIAM E.	42 NAME		
STREET ADDRESS	76 SOUTH LAURA STREET	43 STREET ADDRESS	1776 American Heritage Life Drive	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, Florida 32224-6688	
TITLE	DVT	51 TITLE		☒ Change ☐ Addition
NAME	MOREHEAD, C. RICHARD	52 NAME		
STREET ADDRESS	76 SOUTH LAURA STREET	53 STREET ADDRESS	1776 American Heritage Life Drive	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, Florida 32224-6688	
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	HUNT, TYRUS B.	62 NAME		
STREET ADDRESS	76 SOUTH LAURA STREET	63 STREET ADDRESS	1776 American Heritage Life Drive	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville, Florida 32224-6688	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher A. Verlander CHRISTOPHER A. VERLANDER 4/25/95 (904) 992-1776
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0019715 CP

US7779

FIRST COLONIAL INSURANCE COMPANY

additional list of Officers and Directors

Heekin, W. Michael - Director
Mahin, Elizabeth A. - Vice President
Taylor, Howard D. - Vice President
Emery, Gray M. - Assistant Vice President
Dunn, Wayne F. - Assistant Vice President