

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90009 013 ***550.00

DOCUMENT # J57779

1. Entity Name
FIRST COLONIAL INSURANCE COMPANY

Principal Place of Business
1776 AMERICAN HERITAGE LIFE DR
JACKSONVILLE FL 32224-6688
US

Mailing Address
1776 AMERICAN HERITAGE LIFE
JACKSONVILLE FL 32224-6688
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2773658**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **John K. Anderson, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
1776 AHL Dr.
 City **Jacksonville** **FL** Zip Code **32224**

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.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable

John K. Anderson, Jr.
 (NOTE: Registered Agent signature required when reinstating)

8/30/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, THOMAS O'NEAL	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, THOMAS J.	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224-6688	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MOREHEAD, C. RICHARD	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ANDERSON, JOHN K JR	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anton Wanderson	
STREET ADDRESS	1776 AHL Dr.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennett G. Troxler	
STREET ADDRESS	1776 AHL Dr.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED** **John K. Anderson, Jr** **8/30/01 (904) 992-1776**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)