

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 20 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



03122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2773658

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STERE, GARY S GEN COU  
1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FL 32224

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000101009  
U4/U1/U4-80030-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, HOWARD D 1776 AHL DR. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANDERON, ANTON 1776 AHL DRIVE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BIRD, DAVID A 1776 AMERICAN HERITAGE LIFE DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STERE, GARY S 1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

(904) 992-2614

Daytime Phone #

024

## Directors / Officers Report

As of 3/8/2004

**First Colonial Insurance Company**, 1776 American Heritage Life Dr.,  
Jacksonville, FL 32224

### Directors

Charles Calvin Baggs  
David Andrew Bird  
Gregory James Guidos  
William Harrison Monie, Jr.  
Gary Scott Stere  
Anton Wanderon

Director  
Director  
Director  
Director  
Director  
Director

### Officers

David Andrew Bird  
Anton Wanderon  
Samuel Henry Pilch  
Laura Joanne Clark  
Wayne F. Dunn  
Karen Cassidy Gardner  
John B. Kirkpatrick III  
Howard D. Tavior  
Gary Scott Stere  
Gregory James Guidos  
Joanne Marie Derrig  
Emma Marguerite Kalaidjian  
Kristine Ellen Leston  
Michael Joseph Velotta  
Barry Saiowitz Paul  
James Philip Zils

Chairman of the Board and Chief Executive Officer  
President  
Group Vice President  
Vice President  
Vice President  
Vice President - Tax  
Vice President  
Vice President  
Secretary  
Treasurer  
Assistant Vice President and Chief Privacy Officer  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Treasurer  
Assistant Treasurer

### Other

Lynn Cirincione  
Dave Simek

Authorized Representative  
Authorized Representative