2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J57779

Entity Name: FIRST COLONIAL INSURANCE COMPANY

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	RICAN HERITA VILLE, FL 3222					
Current Mailing Address:			New Maili	New Mailing Address:		
1776 AMERICAN HERITAGE LIFE JACKSONVILLE, FL 322246688 US						
FEI Number:	59-2773658	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above in the State		ıbmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR	E:					
Electronic Signature of Registered Agent			t	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () E PAUL, CHARLES 2775 SANDERS NORTHBROOK,	ROAD, D7	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	WANDERON, AN	HERITAGE LIFE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SEC () E MCGINN, MARY 3075 SANDERS NORTHBROOK,	ROAD, G5A	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DIR () E SHEBIK, STEVEN 2775 SANDERS NORTHBROOK,	ROAD	Title: Name: Address: City-St-Zip:	TR (X) Change () Addition VERNEY, STEVEN C 2775 SANDERS ROAD NORTHBROOK, IL 60062		
Title: Name: Address: City-St-Zip:	CLARK, LAURA	HERITAGE LIFE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () E MICHELI, JOHN V 2775 SANDERS NORTHBROOK, I	ROAD, B4	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition MICHELI, JOHN W 2775 SANDERS ROAD, B4 NORTHBROOK, IL 60062		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HEATHER DURCHOLZ ACCT 04/14/2009