2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# J57779

Entity Name: FIRST COLONIAL INSURANCE COMPANY

Current Principal Place of Business:

1776 AMERICAN HERITAGE LIFE DR
JACKSONVILLE, FL 322246688 US

New Principal Place of Business:

Current Mailing Address:

1776 AMERICAN HERITAGE LIFE
JACKSONVILLE, FL 322246688 US

New Mailing Address:

FEI Number: 59-2773658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: BAILEY, DONALD J
Address: 2775 SANDERS ROAD,
City-St-Zip: NORTHBROOK, IL 60062

Title: PR
Name: HERBERGER, DOUGLAS J
Address: 1776 AMERICAN HERITAGE LIFE DRIVE
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: SEC
Name: MCGINN, MARY J
Address: 3075 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: TR
Name: RIZZO, MARIO
Address: 3075 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: DIR
Name: MICHELI, JOHN
Address: 2775 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: CFO
Name: PILCH, SAMUEL H
Address: 3075 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

I hereby 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 all other like empowered.

SIGNATURE: LYNN CIRRINCIONE AREP 04/14/2011

Electronic Signature of Signing Officer or Director — Date