2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P05127

1. Entity Name
COLONY SPECIALTY INSURANCE COMPANY

Principal Place of Business
9201 FOREST HILL AVENUE
SUITE 200
RICHMOND, VA 23235-3053 US

Mailing Address
P.O. BOX 85122
RICHMOND, VA 23285-5122

03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1266871

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000

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

U00000115641
04/16/04-80031-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PILKINGTON, DALE H
STREET ADDRESS	9201 FOREST HILL AVE., STE 200
CITY-ST-ZIP	RICHMOND, VA 23235
TITLE	D
NAME	WATSON, MARK E III
STREET ADDRESS	1010 REUNION PLACE STE 800
CITY-ST-ZIP	SAN ANTONIO, TX 78216
TITLE	TD
NAME	HAUSHILL, MARK W
STREET ADDRESS	10101 REUNION LACE STE 800
CITY-ST-ZIP	SAN ANTONIO, TX 78216
TITLE	VS
NAME	WILSON, SCOTT A
STREET ADDRESS	9201 FOREST HILL AVE., STE 200
CITY-ST-ZIP	RICHMOND, VA 23235
TITLE	V
NAME	EARHART, STEVEN P
STREET ADDRESS	9201 FOREST HILL AVE STE 200
CITY-ST-ZIP	RICHMOND, VA 23235
TITLE	D
NAME	YEDINY, JOHN
STREET ADDRESS	187 HILLSIDE LN
CITY-ST-ZIP	SOMER SET, PA 15501

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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: Steven P. Earhart 4-5-04 804-327-1759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #