


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90151 042 \*\*\*150.00

<b>DOCUMENT # P05127</b>	
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
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**DO NOT WRITE IN THIS SPACE**

40064630



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1266871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA PILKINGTON, DALE H 9201 FOREST HILL AVE., STE 200 RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MARK E III 1010 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAUSHILL, MARK W 1010 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEPLORE, BYRON L JR 10101 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC GRIFFIN, W. DOUGLAS 9201 FOREST HILL AVE, STE 200 RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEDINY, JOHN 187 HILLSIDE LN SOMER SET, PA 15501

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2/1/2006

804-327-1813

Date Daytime Phone #