


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90035 015 \*\*\*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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2. Principal Place of Business - No P.O. Box # <b>8720 Stony Point Pkwy.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc.

City & State <b>Richmond VA</b>	City & State
Zip <b>23235</b>	Country <b>USA</b>

40102022



04302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>34-1266871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MARK E III 1010 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAUSHILL, MARK W 1010 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEPLORE, BYRON L JR 10101 REUNION PLACE, STE 500 SAN ANTONIO, TX 78216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S Craig S. Comeaux 10101 Reunion Place, Suite 300 San Antonio, TX 78216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC GRIFFIN, W. DOUGLAS 9201 FOREST HILL AVE. STE 200 RICHMOND, VA 23235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPC W. Douglas Griffin 8720 Stony Point Pkwy., Suite 300 Richmond, VA 23235</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEDINY, JOHN 187 HILLSIDE LN SOMER SET, PA 15501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **30 April 07** **804-560-2968**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #