


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90034 044 \*\*\*150.00

<b>DOCUMENT # P05127</b> 1. Entity Name <b>COLONY SPECIALTY INSURANCE COMPANY</b>					
Principal Place of Business <b>8720 STONY POINT PKWY. SUITE 300 RICHMOND, VA 23235-3053 US</b>			Mailing Address <b>P.O. BOX 85122 RICHMOND, VA 23285-5122</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>34-1266871</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04112008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399-0000</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>WATSON, MARK E III</b> <b>1010 REUNION PLACE, STE 500</b> <b>SAN ANTONIO, TX 78216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dale Pilkington - President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1010 Reunion Place</b> <b>San Antonio, TX 78216</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Delete <b>HAUSHILL, MARK W</b> <b>1010 REUNION PLACE, STE 500</b> <b>SAN ANTONIO, TX 78216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Matthew Pollak</b> <b>820 Stony Point Pkwy.</b> <b>Richmond, VA 23285</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Lomeaux and Director</b> <input type="checkbox"/> Delete <b>CANEUX, CRAIG S</b> <b>10101 REUNION PLACE, STE 500</b> <b>SAN ANTONIO, TX 78216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Arledge</b> <b>10101 Reunion Place</b> <b>San Antonio, TX 78216</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPC</b> <input type="checkbox"/> Delete <b>GRIFFIN, W. DOUGLAS</b> <b>8720 STONY POINT PKWY., SUITE 300</b> <b>RICHMOND, VA 23235</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Daniel Cotter</b> <b>10101 Reunion Place</b> <b>San Antonio, TX 78216</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>YEDINY, JOHN</b> <b>187 HILLSIDE LN</b> <b>SOMER SET, PA 15501</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ronald Given</b> <b>10101 Reunion Place</b> <b>San Antonio, TX 78216</b>	
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 recipient 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 to an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <small>Date</small>		
_____ <small>Daytime Phone #</small>			_____		