

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05127

FILED
Apr 08, 2009
Secretary of State

Entity Name: COLONY SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

8720 STONY POINT PKWY.
SUITE 300
RICHMOND, VA 232353053 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85122
RICHMOND, VA 232855122

New Mailing Address:

FEI Number: 34-1266871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PILKINGSTON, DALE
Address: 10101 REUNION PLACE
City-St-Zip: SAN ANTONIO, TX 78216

Title: T () Delete
Name: POLLACK, MATTHEW
Address: 820 STONY POINT PKWY
City-St-Zip: RICHMOND, VA 23235

Title: S () Delete
Name: CANEAUX, CRAIG S
Address: 10101 REUNION PLACE, STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: VPC () Delete
Name: GRIFFIN, W. DOUGLAS
Address: 8720 STONY POINT PKWY., SUITE 300
City-St-Zip: RICHMOND, VA 23235

Title: D () Delete
Name: GIVEN, RONALD
Address: 10101 REUNION PLACE
City-St-Zip: SAN ANTONIO, TX 78216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: COMEAUX, CRAIG S
Address: 10101 REUNION PLACE, STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HAUSHILL, MARK W
Address: 10101 REUNION PLACE
City-St-Zip: SAN ANTONIO, TX 78216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: W. DOUGLAS GRIFFIN

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date