

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90272 032 ***150.00

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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☒ Delete		TITLE	PD	☐ Change	☒ Addition
NAME	LATHAM, JOHN K.			NAME	Dale H. Pilkington		
STREET ADDRESS	46 E SQUARE LANE			STREET ADDRESS	9201 Forest Hill Ave., Suite 200		
CITY-ST-ZIP	RICHMOND VA 23233			CITY-ST-ZIP	Richmond, VA. 23235		
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	WATSON, MARK E III			NAME			
STREET ADDRESS	1010 REUNION PLACE STE 800			STREET ADDRESS			
CITY-ST-ZIP	SAN ANTONIO TX 78216			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	HAUSHILL, MARK W			NAME			
STREET ADDRESS	10101 REUNION LACE STE 800			STREET ADDRESS			
CITY-ST-ZIP	SAN ANTONIO TX 78216			CITY-ST-ZIP			
TITLE	DVS	☒ Delete		TITLE	VS	☐ Change	☒ Addition
NAME	DESCH, EDWARD			NAME	Scott A. Wilson		
STREET ADDRESS	9201 FOREST HILL AVE STE 200			STREET ADDRESS	9201 Forest Hill Ave., Suite 200		
CITY-ST-ZIP	RICHMOND VA 23235			CITY-ST-ZIP	Richmond, VA. 23235		
TITLE	V	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	EARHART, STEVEN P			NAME			
STREET ADDRESS	9201 FOREST HILL AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA 23235			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	YEDINY, JOHN			NAME			
STREET ADDRESS	187 HILLSIDE LN			STREET ADDRESS			
CITY-ST-ZIP	SOMER SET PA 15501			CITY-ST-ZIP			

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: Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 804-327-1759

Date Daytime Phone #

CR2E034 (10/02)