

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91287 007 ***158.75

DOCUMENT # P98000041101

1. Entity Name
AMERICAN COLONIAL INSURANCE COMPANY, INC.

Principal Place of Business Mailing Address
1300 SAWGRASS CORPORATE PARKWAY 2000 INTERSTATE PARK DRIVE
SUITE 300 SUITE 300
SUNRISE FL 33323-2804 MONTGOMERY AL 36109

A0067744

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7170191** Applied For Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHN CHARLES MANSFIELD
1300 SAWGRASS CORPORATE PARKWAY, STE 300
SUNRISE FL 33323-2804
 7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE COBD	<input checked="" type="checkbox"/> Delete	TITLE C D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JAMES K. LOWDER		NAME PURSER LIVINGSTON MCLEOD	
STREET ADDRESS 3236 BANKHEAD AVENUE		STREET ADDRESS 2504 AGNEW STREET	
CITY-ST-ZIP MONTGOMERY AL 36106		CITY-ST-ZIP MONTGOMERY AL 36106	
TITLE P D	<input checked="" type="checkbox"/> Delete	TITLE P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROY OVERSTREET		NAME JAMES HARVEY FARRIOR, JR.	
STREET ADDRESS 100 OAKPOINTE PLACE		STREET ADDRESS 3107 PINEHURST DRIVE	
CITY-ST-ZIP DUNWOODY GA 30308		CITY-ST-ZIP MONTGOMERY AL 36111	
TITLE ASST S D	<input checked="" type="checkbox"/> Delete	TITLE V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHN LARRY PITTS		NAME JOHN WHITTERKA DOROUGH, JR.	
STREET ADDRESS 16 DOGWOOD DRIVE		STREET ADDRESS 2067 SOUTH HULL STREET	
CITY-ST-ZIP CLANTON AL 35045		CITY-ST-ZIP MONTGOMERY AL 36104-5626	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE S T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMAS HENRY LOWDER		NAME MICHAEL WENDER TOOHEY	
STREET ADDRESS 38 COUNTRY CLUB RD		STREET ADDRESS 1832 GALENA AVENUE	
CITY-ST-ZIP BIRMINGHAM AL 35213		CITY-ST-ZIP MONTGOMERY AL 36106	
TITLE V S T D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUL WILHITE MILES		NAME	
STREET ADDRESS 744 CLOVERDALE ROAD		STREET ADDRESS	
CITY-ST-ZIP MONTGOMERY AL 36106		CITY-ST-ZIP	
TITLE ASST S D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRYAN KEITH TUCKER		NAME	
STREET ADDRESS 250 E FARMINGTON TRACE		STREET ADDRESS	
CITY-ST-ZIP PIKE ROAD AL 36064		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES HARVEY FARRIOR, JR. PRESIDENT & CEO** **334 270-6790**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)