

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90491 010 ***158.75

DOCUMENT # P98000041101

1. Entity Name

AMERICAN COLONIAL INSURANCE COMPANY, INC.

Principal Place of Business

**1300 SAWGRASS CORPORATION PKWY.
 SUITE 300
 SUNRISE FL 33323-2804**

Mailing Address

**2000 INTERSTATE PARK DRIVE
 SUITE 300
 MONTGOMERY AL 36109**

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

23-7170191

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MANSFIELD, JOHN CHARLES
 1300 SAWGRASS CORPORATION PKWY
 SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(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.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **CD** ☐ Delete
 NAME **MCLEOD, PURSER L**
 STREET ADDRESS **2504 AGNEW STREET**
 CITY-ST-ZIP **MONTGOMERY AL 36106**

TITLE **PD** ☐ Delete
 NAME **FARRIOR, JR., JAMES H**
 STREET ADDRESS **3107 PINEHURST DRIVE**
 CITY-ST-ZIP **MONTGOMERY AL 36111**

TITLE **VD** ☐ Delete
 NAME **DOROUGH, JR., JOHN W**
 STREET ADDRESS **2067 SOUTH HULL STREET**
 CITY-ST-ZIP **MONTGOMERY AL 36104-5626**

TITLE **STD** ☐ Delete
 NAME **TOOHEY, MICHAEL W**
 STREET ADDRESS **1832 GALENA AVENUE**
 CITY-ST-ZIP **MONTGOMERY AL 36106**

TITLE **ASD** ☐ Delete
 NAME **TUCKER, BRYAN KEITH**
 STREET ADDRESS **250 E. FARMINGTON TRACE**
 CITY-ST-ZIP **PIKE ROAD AL 36064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(334) 270-6638

Daytime Phone #

CR2E034 (9/01)