


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90153 017 ***150.00

DOCUMENT # P98000041101 1. Entity Name AMERICAN COLONIAL INSURANCE COMPANY, INC.	
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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
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04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-7170191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MANSFIELD, JOHN CHARLES 1300 SAWGRASS CORPORATION PKWY SUITE 300 SUNRISE, FL 33323-2804

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCLEOD, PURSER L 2504 AGNEW STREET MONTGOMERY, AL 36106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRIOR, JR., JAMES H 3107 PINEHURST DRIVE MONTGOMERY, AL 36111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOROUGH, JR., JOHN W 2067 SOUTH HULL STREET MONTGOMERY, AL 361045626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOOHEY, MICHAEL W 1832 GALENA AVENUE MONTGOMERY, AL 36106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD TUCKER, BRYAN KEITH 250 E. FARMINGTON TRACE PIKE ROAD, AL 36064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

(334) 270-6638

Daytime Phone #