


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P98000041101</b><br>1. Entity Name<br>AMERICAN COLONIAL INSURANCE COMPANY, INC. |  |
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|---|--|
| Principal Place of Business<br>1300 SAWGRASS CORPORATION PKWY.<br>SUITE 300<br>SUNRISE, FL 33323-2804 | Mailing Address<br>2000 INTERSTATE PARK DRIVE<br>SUITE 300<br>MONTGOMERY, AL 36109 |
|---|--|



01172005 No Chg-P CR2E034 (10/03)

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

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|---|
| 6. Name and Address of Current Registered Agent<br><br>MANSFIELD, JOHN CHARLES<br>1300 SAWGRASS CORPORATION PKWY<br>SUITE 300<br>SUNRISE, FL 33323-2804 |
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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, 2005 Fee will be \$550.00**

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

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

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05/04/05-80114-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/26/05 (334) 270-6633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #