

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041101

FILED
Apr 17, 2009
Secretary of State

Entity Name: AMERICAN COLONIAL INSURANCE COMPANY, INC.

Current Principal Place of Business:

5251 HAMPSTEAD HIGH ST, UNIT 203
MONTGOMERY, AL 36116

New Principal Place of Business:

Current Mailing Address:

2000 INTERSTATE PARK DRIVE
SUITE 300
MONTGOMERY, AL 36109

New Mailing Address:

5251 HAMPSTEAD HIGH STREET
UNIT 203
MONTGOMERY, AL 36116

FEI Number: 23-7170191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSFIELD, JOHN CHARLES
1300 SAWGRASS CORPORATION PKWY
SUITE 300
SUNRISE, FL 333232804 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCLEOD, P L JR
Address: 2504 AGNEW STREET
City-St-Zip: MONTGOMERY, AL 36106

Title: PCEO () Delete
Name: FARRIOR, JR., JAMES H
Address: 3107 PINEHURST DRIVE
City-St-Zip: MONTGOMERY, AL 36111

Title: VPD () Delete
Name: DOROUGH, JR., JOHN W
Address: 2067 SOUTH HULL STREET
City-St-Zip: MONTGOMERY, AL 361045626

Title: STD () Delete
Name: TOOHEY, MICHAEL W
Address: 1832 GALENA AVENUE
City-St-Zip: MONTGOMERY, AL 36106

Title: ASD () Delete
Name: TUCKER, BRYAN KEITH
Address: 8848 MARSH RIDGE DR
City-St-Zip: MONTGOMERY, AL 36117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: TUCKER, BRYAN KEITH
Address: 8848 MARSH RIDGE DR
City-St-Zip: MONTGOMERY, AL 36117

Title: ASD (X) Change () Addition
Name: HERNDON, TIMOTHY D
Address: 3116 FITZGERALD CIRCLE
City-St-Zip: MONTGOMERY, AL 36106

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY D. HERNDON

ASD

04/17/2009

Electronic Signature of Signing Officer or Director

Date