

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041101

FILED
Jan 10, 2012
Secretary of State

Entity Name: AMERICAN COLONIAL INSURANCE COMPANY

Current Principal Place of Business:

260 WEKIVA SPINGS ROAD
SUITE 2060
LONGWOOD, FL 32779

New Principal Place of Business:

260 WEKIVA SPINGS ROAD
SUITE 2060
LONGWOOD, FL 32779 US

Current Mailing Address:

260 WEKIVA SPINGS ROAD
SUITE 2060
LONGWOOD, FL 32779

New Mailing Address:

260 WEKIVA SPINGS ROAD
SUITE 2060
LONGWOOD, FL 32779 US

FEI Number: 23-7170191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
DIVISION OF LEGAL SERVICES
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: PCED
Name: CIZEK, JAMES H
Address: 7515 COLONY DRIVE
City-St-Zip: CUMMING, GA 30041

Title: VSD
Name: DRUHOT, TROY DAVID
Address: 1918 ENCHANTED WOODS TRAIL
City-St-Zip: MARIETTA, GA 30062

Title: TD
Name: SINGH, HEMRAJ (NMI)
Address: 81 HULLRICK DRIVE
City-St-Zip: ETOBICOKE, ONTARIO, CANADA, ON M9A 4E3 CA

Title: D
Name: STEVE, DOBRONYI
Address: 222 BELSIZE DRIVE
City-St-Zip: TORONTO, CANADA, ON M4S 1M4 CA

Title: D
Name: LONG, CLAY C
Address: 997 NAWENCH DRIVE
City-St-Zip: ATLANTA, GA 30327

I hereby 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 all other like empowered.

SIGNATURE: JAMES H. CIZEK

PCED

01/10/2012

Electronic Signature of Signing Officer or Director

Date