

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90378 017 ***158.75

PR45126 AT

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANSFIELD, JOHN CHARLES
1300 SAWGRASS CORPORATION PKWY
SUITE 300
SUNRISE FL 33323-2804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

(334) 270-6638

Daytime Phone #

CR2E034 (10/02)