2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J57779

Entity Name: FIRST COLONIAL INSURANCE COMPANY

Current Principal Place of Business:

1776 AMERICAN HERITAGE LIFE DR JACKSONVILLE, FL 32224-6688

Current Mailing Address:

1776 AMERICAN HERITAGE LIFE JACKSONVILLE, FL 32224-6688 US

FEI Number: 59-2773658 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

FILED Apr 30, 2014

Secretary of State

CC6710064889

Officer/Director Detail:

Title CEO Title PR

Name MABE, KATHERINE A Name HERBERGER, DOUGLAS J

Address 2775 SANDERS ROAD Address 1776 AMERICAN HERITAGE LIFE

DRIVE

City-State-Zip: NORTHBROOK IL 60062 City-State-Zip: JACKSONVILLE FL 32224

Title SEC Title

Name LEES, SUSAN L Name RIZZO, MARIO

Address 3075 SANDERS ROAD Address 3075 SANDERS ROAD NORTHBROOK IL 60062

City-State-Zip: City-State-Zip: NORTHBROOK IL 60062

Title Title

Name GOLDSTEIN, THOMAS M PILCH, SAMUEL H Name 2775 SANDERS ROAD

Address 3075 SANDERS ROAD Address City-State-Zip: NORTHBROOK IL 60062

City-State-Zip: NORTHBROOK IL 60062

Title **AUTHORIZED REPRESENTATIVE**

Name CIRRINCIONE, LYNN Address 3075 SANDERS ROAD City-State-Zip: NORTHBROOK IL 60062

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: LYNN CIRRINCIONE

AUTHORIZED REPRESENTATIVE

TR

CFO

04/30/2014