

1.) CORPORATION NAME:

DUE DATE: **7/31/2013**

Colony Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **03063997**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8720 STONY POINT PKWY
STE 300

CITY/ST/ZIP: RICHMOND, VA 23235

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	LOUIS DAVID LEVINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	610 BROADWAY 4TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10012		

NAME:	CRAIG S COMEAUX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP & SECRETARY		
ADDRESS:	175 E HOUSTON ST		
CITY/ST/ZIP/CO:	STE 1300 SAN ANTONIO, TX 78205		

NAME:	BARBARA SUTHERLAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP, COUNSEL		
ADDRESS:	175 E HOUSTON ST		
CITY/ST/ZIP/CO:	STE 1300 SAN ANTONIO, TX 78205		

NAME:	SAMUEL ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	8720 STONY POINT PKWY		
CITY/ST/ZIP/CO:	STE 300 RICHMOND, VA 23235		

NAME:	LYNN GEURIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	175 E HOUSTON ST		
CITY/ST/ZIP/CO:	STE 1300 SAN ANTONIO, TX 78205		

NAME: GAIL THERESA KIMPFLER TITLE: VICE PRESIDENT ADDRESS: 8720 STONY POINT PKWY STE 300 CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DANIEL PLATT TITLE: VICE PRESIDENT ADDRESS: 175 E HOUSTON ST STE 1300 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78205	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARY STULTING TITLE: VICE PRESIDENT ADDRESS: 175 E HOUSTON ST STE 1300 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78205	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MELINDA JOY THOMPSON TITLE: VP, TREAS, CFO ADDRESS: 8720 STONY POINT PKWY STE 300 CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ BARBARA SUTHERLAND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARBARA SUTHERLAND, VP, COUNSEL PRINTED NAME AND CORPORATE TITLE	6/7/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		