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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90031 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 800568**

1. Corporation Name

**COLONIAL PENN FRANKLIN INSURANCE COMPANY**

Principal Place of Business

2650 AUDUBON ROAD  
C/O TAX DEPARTMENT- 5TH FLOOR  
NORRISTOWN PA 19403  
US

Mailing Address

2650 AUDUBON ROAD  
C/O LEGAL DEPARTMENT  
NORRISTOWN PA 19403  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/29/1913**

4. FEI Number

**22-1721971**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21. 2650 Audubon Road

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

23. City & State  
Norristown, PA

28. City & State

24. Zip 19403 25. Country USA

29. Zip 30. Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE, FL 32304

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME BOYLE, JOSEPH M.  
STREET ADDRESS 2650 AUDUBON RD  
CITY-ST-ZIP NORRISTOWN PA

TITLE T ☐ DELETE  
NAME HUGUNIN, JEFFREY I.  
STREET ADDRESS 12521 AMERSHIRE LANE  
CITY-ST-ZIP GLEN ALLEN VA

TITLE VS ☒ DELETE  
NAME BANCHERI, CHRISTINE E  
STREET ADDRESS 2650 AUDUBON RD  
CITY-ST-ZIP NORRISTOWN PA

TITLE PD ☐ DELETE  
NAME WULSIN, HENRY H  
STREET ADDRESS 2650 AUDUBON RD  
CITY-ST-ZIP NORRISTOWN PA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph M. Boyle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Boyle

2.5.99

Date

610.650-2042

Daytime Phone #

CR2E034 (11/98)