FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850737** **(8)**

1. Corporation Name

COLONIAL PENN INSURANCE COMPANY

Principal Place of Business	Mailing Address
1818 MARKET STREETS C/O TAX DEPARTMENT - 26TH FLOOR PHILADELPHIA PA 19104-6218	1818 MARKET STREETS C/O TAX DEPARTMENT - 26TH FLOOR PHILADELPHIA PA 19104-6218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1981**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 399 MARKET STREET	26 399 MARKET STREET
Suite, Apt. #, etc. 22 c/o TAX DEPARTMENT - 5th FLOOR	Suite, Apt. #, etc. 27 c/o TAX DEPARTMENT - 5th FLOOR
City & State 23 PHILADELPHIA PA	City & State 28 PHILADELPHIA PA
Zip / County 24 19181 / 25	Zip / County 29 19181 / 30

4. FEI Number: **23-2044095** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name

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

03

04 City **FL** 05 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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PCO~~	11 TITLE	C/D	☒ Change ☐ Addition
NAME	PATRELL, OLIVER L.	12 NAME		
STREET ADDRESS	~~1818 MARKET STREET~~	13 STREET ADDRESS	2650 AUDUBON ROAD	
CITY ST ZIP	~~PHILADELPHIA, PA 00000~~	14 CITY ST ZIP	NORRISTOWN, PA 19403	
TITLE	VT	21 TITLE		☒ Change ☐ Addition
NAME	SHERMAN, DAVID K	22 NAME		
STREET ADDRESS	~~1818 MARKET STREET~~	23 STREET ADDRESS	315 PARK AVENUE SOUTH	
CITY ST ZIP	~~PHILADELPHIA, PA 00000~~	24 CITY ST ZIP	NEW YORK, NY 10010	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	PETITT, RICHARD G.	32 NAME		
STREET ADDRESS	~~1818 MARKET STREET~~	33 STREET ADDRESS	399 MARKET STREET	
CITY ST ZIP	~~PHILADELPHIA PA~~	34 CITY ST ZIP	PHILADELPHIA, PA 19181	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	SENTNER, TIMOTHY C.	42 NAME		
STREET ADDRESS	~~1818 MARKET STREET~~	43 STREET ADDRESS	399 MARKET STREET	
CITY ST ZIP	~~PHILADELPHIA PA~~	44 CITY ST ZIP	PHILADELPHIA, PA 19181	
TITLE	VS	51 TITLE		☒ Change ☐ Addition
NAME	~~HERMAN~~, BARBARA A.	52 NAME	HERRMAN, BARBARA	
STREET ADDRESS	~~1818 MARKET STREET~~	53 STREET ADDRESS	2650 AUDUBON ROAD	
CITY ST ZIP	~~PHILADELPHIA PA~~	54 CITY ST ZIP	NORRISTOWN, PA 19403	
TITLE	~~VD~~	61 TITLE	P/D	☒ Change ☐ Addition
NAME	~~KIKEN, NOMAN P.~~	62 NAME	WOLSIN, HENRY H.	
STREET ADDRESS	~~1818 MARKET STREET~~	63 STREET ADDRESS	2650 AUDUBON ROAD	
CITY ST ZIP	~~PHILADELPHIA PA~~	64 CITY ST ZIP	NORRISTOWN, PA 19403	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: TIMOTHY C. SENTNER (215) 928-6420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0477130 FP