Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90038 018 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03440

1. Corporation Name

COMMO	NWEALTH MORTGAGE ASS	SURANCE COMPANY						
Principal Place	e of Business	Mailing Address				016 8316 81861 BI	ANT RYBU ANDUL A	KANKI MIMIL IMMI
1601 MARKET ST. 1601 MARKET ST.								
PHILADELPHIA PA 19103 PHILADELPHIA PA 19103				DO NOT WRITE IN THIS SP		SPACE		
US US					3. Date Incorporated or Qualifed			
					09/19/1984			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
26		26			23-2018130		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
27		27			5. Certificate of Status Desired		Fee Re	equired
		City & State	ite		6. Election Campaign Financing		7	May Be
23 28					Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cui	rent year Inte	angible □Yes	□No
24	9. Name and Address of Curren		80		Personal Property Tax. 10. Name and Address of New	Registered a		
	3. Name and Address of Curren	it Kadizia an Adair	81	Name	Tallia dila zada di vitali	<u></u>		
FLOF	RIDA INSURANCE COMMISSION	ER						
STATE CAPITOL			82	Street	Address (P.O. Box Number is Not Accep	able)		
TALL	AHASSEE FL 32330		83					
							1a= 7:- 4	<u></u>
			84	City		FL	85 Zip (Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age.	of Florida. Such change was autitions of, Section 607.0505, Florid	nonzed by da Statutes	tne corpo	corporation submits this statement for the pration's board of directors. I hereby acce	pt the appoir	ntment as re	gistered
12.		ID DIRECTORS	13.	it signature i	ADDITIONS/CHANGES TO O		D DIRECTO	ORS IN 12
TITLE	PCEO	☐ DELETE	1.1 TITLE				Change	Addition
NAME	FILIPPS, FRANK P.		1.2 NAME					
STREET ADDRESS	252 RAVENSCLIFF		1.3 STREET ADDRESS					
CITY-ST-Z3P	ST. DAVIDS PA		1.4 CITY-S	T-ZIP				
TITLE	SVP	☐ DELETE	2.1 TITLE				Change	Addition
NAME	MACLEOD, DOUGLAS J.		2.2 NAME					
STREET ADDRESS	1226 RIDGEWOOD ROAD		2.3 STREET ADDRES					
CITY-ST-ZIP	BRYN MAWR PA		2. 4 CITY-S	T-ZIP	-		·	-
TITLE	SD	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	YARUSS, HOWARD		3.2 NAME					
STREET ADDRESS	1601 MARKET ST		3.3 STREET	FADORESS				
CITY-\$T-ZIP	PHILADELPHIA PA		3.4. CITY- S	T-ZIP			☐ Change	Addition
TITLE	TD	☐ DELETE	4.1 TITLE				☐ Change	
NAME .	FILIPPS, FRANK P.		4. 2 NAME					
STREET ADDRESS	252 RAVENSCLIFF			ADDRESS				
C/TY-ST-Z/P	ST. DAVIDS PA							
TITLE	SVPD	F) DELETE	4.4 CITY-S	T-ZIP			Change	Addition
NAME.	l .	☐ DELETE	5.1 TITLE 5.2 NAME	T-ZIP			Change	☐ Addition
OTDEET ADDRESS	QUINT, ROBERT C.	☐ DELETE	5.1 TITLE		15 Pikes Way		Change	Addition
STREET ADDRESS	QUINT, ROBERT C. 207 WINDSOR AVE.	☐ DELETE	5.1 TITLE 5.2 NAME	T ADDRESS	15 Pikes Way Cheltenham. PA 19	012	Change	☐ Addition
CITY-ST-ZIP	QUINT, ROBERT C.	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS	15 Pikes Way Cheltenham, PA 19	012	Change	☐ Addition
CITY-ST-ZIP TITLE	QUINT, ROBERT C. 207 WINDSOR AVE.		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY+S	T ADDRESS	15 Pikes Way Cheltenham, PA 19	012	_ •	
CITY-ST-ZIP	QUINT, ROBERT C. 207 WINDSOR AVE.		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS	15 Pikes Way Cheltenham, PA 19	012	_ •	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR