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 20 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **800568** **(8)**

1. Corporation Name

COLONIAL PENN FRANKLIN INSURANCE COMPANY

Principal Place of Business	Mailing Address
1818 MARKET STREETS C/O TAX DEPARTMENT - 26TH FLOOR PHILADELPHIA PA 19181	1818 MARKET STREETS C/O TAX DEPARTMENT - 26TH FLOOR PHILADELPHIA PA 19181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1913
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: 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASEE,F L 32304	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 individual signing on behalf of corporation) (NEW Registered Agent signature, if registered agent is changing) (DATE)

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

SIGNATURE: TIMOTHY C. SENTNER (216) 928-6420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0477213 FP