

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 800568 (8)
1. Corporation Name
COLONIAL PENN FRANKLIN INSURANCE COMPANY



Principal Place of Business: **399 MARKET STREET C/O TAX DEPARTMENT- 5TH FLOOR PHILADELPHIA PA 19181 US**
Mailing Address: **399 MARKET STREET C/O TAX DEPARTMENT- 5TH FLOOR PHILADELPHIA PA 19181 US**

3. Date Incorporated or Qualified: **11/29/1913**
3a. Date of Last Report: **04/28/1995**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

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
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	PATRELL, OLIVER L.	
STREET ADDRESS	2650 AUDUBON RD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SHERMAN, DAVID K	
STREET ADDRESS	315 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETITT, RICHARD G.	
STREET ADDRESS	399 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HERRMAN, BARBARA A.	
STREET ADDRESS	2650 AUDUBON RD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SENTNER, TIMOTHY C.	
STREET ADDRESS	399 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WULSIN, HENRY H	
STREET ADDRESS	2650 AUDUBON RD	
CITY-ST-ZIP	NORRIS TOWN PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH M. BOYLE
1.3 STREET ADDRESS	2650 AUDUBON ROAD
1.4 CITY-ST-ZIP	NORRISTOWN, PA 19403
2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	CPD <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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. SENTINEL** 4/19/96 (215) 928-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)