

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

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 2650 Audubon Road

2a. Mailing Address

26 2650 Audubon Road

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
 Norristown, PA

28 City & State

24 Zip 19403 Country USA

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE, FL 32304

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, JOSEPH M.	1.2 NAME	
STREET ADDRESS	2650 AUDUBON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN PA	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGUNIN, JEFFREY I.	2.2 NAME	
STREET ADDRESS	12521 AMERSHIRE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA	2.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANCHERI, CHRISTINE E	3.2 NAME	
STREET ADDRESS	2650 AUDUBON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN PA	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULSIN, HENRY H	4.2 NAME	
STREET ADDRESS	2650 AUDUBON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN PA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **Joseph M. Boyle** 2.5.99 610.650.2042
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)