

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90083 047 ***150.00

DOCUMENT # 800568

1. Entity Name

COLONIAL PENN FRANKLIN INSURANCE COMPANY

Principal Place of Business

Mailing Address

2650 AUDUBON ROAD
 NORRISTOWN PA 19403
 US

2650 AUDUBON ROAD
 C/O LEGAL DEPARTMENT
 NORRISTOWN PA 19403-2406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1721971**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

80029804



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE, FL 32304**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change/Addition
V	BOYLE, JOSEPH M.	2650 AUDUBON RD	NORRISTOWN PA	<input checked="" type="checkbox"/> Delete
T	HUGUNIN, JEFFREY I.	12521 AMERSHIRE LANE	GLEN ALLEN VA	<input checked="" type="checkbox"/> Delete
PD	WULSIN, HENRY H	2650 AUDUBON RD	NORRISTOWN PA	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
V	Elizabeth A. Clifford	2650 Audubon Road	Norristown, Pennsylvania 19403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	Gary T. Prizzia	6604 West Broad Street	Richmond, Virginia 23230	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D/C	Henry H. Wulsin	2650 Audubon Road	Norristown, Pennsylvania 19403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P/D	A. Louis Parker	4850 Street Road	Trevose, Pennsylvania	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V/S	Glenn L. Joppa	4850 Street Road	Trevose, Pennsylvania	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

Henry H. Wulsin **3.7.00** 610-650-2000

Date

Daytime Phone #