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FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **804753** **(2)**

1. Corporation Name

~~AMERICAN POLICYHOLDERS INSURANCE COMPANY~~
NEW NAME
VILLANOVA INSURANCE COMPANY 12-2297

Principal Place of Business
11 NORTH AVE.
P.O. BOX 1620
BURLINGTON MA 01803-0920
US

Mailing Address
11 NORTH AVE.
P.O. BOX 1620
BURLINGTON MA 01803-0920
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1937

2. Principal Place of Business
21 One Lgan Square
Suite, Apt. #, etc.
22 Suite 1400
City & State
23 Phila., PA
Zip 24 19103
Country 25 USA

2a. Mailing Address
26 One Logan Square
Suite, Apt #, etc.
27 Suite 1400
City & State
28 Phila., PA
Zip 29 19103
Country 30 USA

4. FEI Number: 04-1029440 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STATE 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 000002545400
06/03/98--01010--013
84 City ***300.00 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, Type or print name of agent (Corporate officer or director if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	OBRIEN MACGREGOR, SANDRA		1.2 NAME	Kessock, John	
STREET ADDRESS	75 BOW RIDGE ROAD		1.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY-ST-ZIP	LYNN, A		1.4 CITY-ST-ZIP	Philadelphia, PA 19103	
TITLE	TD	☒ DELETE	2.1 TITLE	SVPTD	☐ Change ☒ Addition
NAME	SPUNZO, RALPH		2.2 NAME	Frederick, Gregg	
STREET ADDRESS	71 AGRICULTURAL AVENUE		2.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY-ST-ZIP	REHOBETH MA		2.4 CITY-ST-ZIP	Philadelphia, PA 19103	
TITLE	PD	☒ DELETE	3.1 TITLE	SVPD	☐ Change ☒ Addition
NAME	MYERS, JOHN		3.2 NAME	Partridge, Glenn	
STREET ADDRESS	114 KRISTEN DR.		3.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY-ST-ZIP	CHELMSFORD MA		3.4 CITY-ST-ZIP	Philadelphia, PA 19103	
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	MOOSA, WALTER E		4.2 NAME	Bone, Roger	
STREET ADDRESS	30 PLEASANT STREET		4.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY-ST-ZIP	ANDOVER MA		4.4 CITY-ST-ZIP	Philadelphia, PA 19103	
TITLE	D	☒ DELETE	5.1 TITLE	SVPSD	☐ Change ☒ Addition
NAME	MCKINNEY, ROBERT		5.2 NAME	Walsh, Andrew	
STREET ADDRESS	127 LOW ST.		5.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY-ST-ZIP	NEWBURYPORT MA		5.4 CITY-ST-ZIP	Philadelphia, PA 19103	
TITLE	D	☒ DELETE	6.1 TITLE	SVPD	☐ Change ☒ Addition
NAME	LEMIEUX, EDWARD B		6.2 NAME	Abel, Sharon	
STREET ADDRESS	1 DREW CIRCLE		6.3 STREET ADDRESS	111 E. Kilbourn Avenue, Suite 1150	
CITY-ST-ZIP	CHELMSFORD MA		6.4 CITY-ST-ZIP	Milwaukee, WI 53202	

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.

SIGNATURE