


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90174 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 804753			
1. Corporation Name VILLANOVA INSURANCE COMPANY			
Principal Place of Business ONE LOGAN SQUARE SUITE 1400 PHILADELPHIA PA 19103 US		Mailing Address ONE LOGAN SQUARE SUITE 1400 PHILADELPHIA PA 19103 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 06/01/1937		4. FEI Number 04-1029440	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	KESSOCK, JOHN		
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400		
CITY-ST-ZIP	PHILADELPHIA PA 19103		
TITLE	SVTD	<input type="checkbox"/> DELETE	
NAME	FREDERICK, GREGG		
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400		
CITY-ST-ZIP	PHILADELPHIA PA 19103		
TITLE	SVPD	<input type="checkbox"/> DELETE	
NAME	PARTRIDGE, GLENN		
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400		
CITY-ST-ZIP	PHILADELPHIA PA 19103		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	BONE, ROGER		
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400		
CITY-ST-ZIP	PHILADELPHIA PA 19103		
TITLE	SVSD	<input type="checkbox"/> DELETE	
NAME	WALSH, ANDREW		
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400		
CITY-ST-ZIP	PHILADELPHIA PA 19103		
TITLE	SVPD	<input type="checkbox"/> DELETE	
NAME	ABEL, SHARON		
STREET ADDRESS	111 E KILBOURNE AVE SUITE 1150		
CITY-ST-ZIP	MILWAUKEE WI 53202		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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:

Gregg C. Frederick/

Gregg C. Frederick

4/29/99

215-963-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)