


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
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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
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DO NOT WRITE IN THIS SPACE

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
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3. Date incorporated or Qualified 06/01/1937	4. FEI Number 04-1029440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSOCK, JOHN	1.2 NAME	
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	1.4 CITY-ST-ZIP	
TITLE	SVTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK, GREGG	2.2 NAME	
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	2.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTRIDGE, GLENN	3.2 NAME	
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, ROGER	4.2 NAME	
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	4.4 CITY-ST-ZIP	
TITLE	SVSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, ANDREW	5.2 NAME	
STREET ADDRESS	ONE LOGAN SQUARE SUITE 1400	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	5.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, SHARON	6.2 NAME	
STREET ADDRESS	111 E KILBOURNE AVE SUITE 1150	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	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 Frederick* Date: 4/29/99 Daytime Phone #: 215-963-1200

CR2E034 (11/98)