

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2000 91400 005 ***150.00

DOCUMENT # 804753
 1. Entity 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 19103-6933 US
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A0058439



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 04-1029440	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 checked="" 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quist, Michael	
STREET ADDRESS	111 E. Kilbourn Ave., Suite 1150	
CITY-ST-ZIP	Milwaukee, WI 53202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Andrew S. Walsh *Andrew S. Walsh* Date: 4/24/00 Daytime Phone #: 215-963-1200

CR2E034 (9/99)