

**2001 UNIFORM BUSINESS REPORT-(UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91325 016 \*\*\*150.00

**00067235**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 804753  
**1. Entity Name**  
 VILLANOVA INSURANCE COMPANY

**Principal Place of Business**      **Mailing Address**

**2. Principal Place of Business**      **3. Mailing Address**  
 One Logan Square      One Logan Square

Suite, Apt. #, etc.  
 Suite 1400      Suite 1400

City & State  
 Philadelphia, PA      Philadelphia, PA

Zip      Country      Zip      Country  
 19103      US      19103      US

**4. FEI Number**      **Applied For**  
 04-1029440      Not Applicable

**5. Certificate of Status Desired**       **\$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** \_\_\_\_\_ (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, 2001 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	SVD <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	VT <input type="checkbox"/> Delete
NAME	Quist, Michael
STREET ADDRESS	111 E. Kilbourn Ave. Suite 1150
CITY-ST-ZIP	Milwaukee WI 53202
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. Kilbourn 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	<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	
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*      **4/25/01**      **215-963-1200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)