

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 850737 (8)

1. Corporation Name
COLONIAL PENN INSURANCE COMPANY



Principal Place of Business: **399 MARKET STREETS C/O TAX DEPARTMENT, 5TH FLOOR PHILADELPHIA PA 19181 US**
Mailing Address: **399 MARKET STREET C/O TAX DEPARTMENT- 5TH FLOOR PHILADELPHIA PA 19181 US**

3. Date Incorporated or Qualified: **10/16/1981**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **23-2044095**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	OB PATRELL, OLIVER L.	<input type="checkbox"/> DELETE
NAME	2650 AUDUBON RD	
STREET ADDRESS	NORRISTOWN PA	
CITY - ST - ZIP		
TITLE	VT SHERMAN, DAVID K	<input type="checkbox"/> DELETE
NAME	315 PARK AVENUE SOUTH	
STREET ADDRESS	NEW YORK NY	
CITY - ST - ZIP		
TITLE	VD PETITT, RICHARD G.	<input type="checkbox"/> DELETE
NAME	399 MARKET STREET	
STREET ADDRESS	PHILADELPHIA PA	
CITY - ST - ZIP		
TITLE	V SENTNER, TIMOTHY C.	<input type="checkbox"/> DELETE
NAME	399 MARKET STREET	
STREET ADDRESS	PHILADELPHIA PA	
CITY - ST - ZIP		
TITLE	VS HERRMAN, BARBARA	<input type="checkbox"/> DELETE
NAME	2650 AUDUBON RD	
STREET ADDRESS	NORRISTOWN PA	
CITY - ST - ZIP		
TITLE	PD WULSIN, HENRY H	<input type="checkbox"/> DELETE
NAME	2650 AUDUBON RD	
STREET ADDRESS	NORRISTOWN PA	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: **TIMOTHY C. SENTNER** 4/19/96 (216) 928-6420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)