

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

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**May 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 19181-0001 US
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2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 10/16/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 23-2044095	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

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

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 TOWN LANDING ROAD
1.4 CITY-ST-ZIP	OLD LYME, CT 06371
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEPHEN T. LIST
2.3 STREET ADDRESS	7 GLENMONT ROAD
2.4 CITY-ST-ZIP	WHITE HOUSE STATION, NJ 08889
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4415 S.E. HAIG POINT COURT
3.4 CITY-ST-ZIP	STUART, FL 34997
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9 HIDDEN ACRES DRIVE
4.4 CITY-ST-ZIP	VICENTOWN, NJ. 08088
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VS
5.3 STREET ADDRESS	CHRISTINE E. BANCHERI
5.4 CITY-ST-ZIP	812 W. SEDWICK STREET PHILADELPHIA, PA 19119
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	128 AVON ROAD
6.4 CITY-ST-ZIP	HAVERFORD, PA 19041

14. I do 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 supplement to 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.

SIGNATURE: _____ **TIMOTHY C. SENTNER 4/26/97 (215) 928-6122**

CR2E034 (9/96)