

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Sep 17 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2650 Audubon Road Suite, Apt. #, etc.	26 2650 Audubon Road Suite, Apt. #, etc.
22 City & State	27 c/o Legal Department City & State
23 Norristown, Pennsylvania	28 Norristown, Pennsylvania
24 19403 Country	29 19403 Country
25 USA	30 USA

3. Date Incorporated or Qualified 10/16/1981	
4. FEI Number 23-2044095	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 STATE CAPITOL
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRELL, OLIVER L.	1.2 NAME	
STREET ADDRESS	ONE TOWN LANDING ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD LYME CT	1.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIST, STEPHEN T	2.2 NAME	T
STREET ADDRESS	7 GLENMONT ROAD	2.3 STREET ADDRESS	Jeffrey I. Hugunin
CITY-ST-ZIP	WHITEHOUSE STATION NJ	2.4 CITY-ST-ZIP	12521 Amershire Lane
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETITT, RICHARD G.	3.2 NAME	
STREET ADDRESS	4415 SE HAIG POINT COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENTNER, TIMOTHY C.	4.2 NAME	
STREET ADDRESS	9 HIDDEN ACRES DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VICENTOWN NJ	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANCHERI, CHRISTINE E	5.2 NAME	
STREET ADDRESS	812 W SEDWICK STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULSIN, HENRY H	6.2 NAME	
STREET ADDRESS	128 AVON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAVERFORD PA	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)(l), 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.

SIGNATURE: *Christine E Bancheri* VP S 10/10/98 610 657-3103

CR2E034 (5/98)