

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90076 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 850737**  
 1. Entity Name  
**COLONIAL PENN INSURANCE COMPANY**

|   |  |
|---|--|
| Principal Place of Business<br>2650 AUDUBON RD<br>NORRISTOWN PA 19403<br>US | Mailing Address<br>2650 AUDUBON RD<br>LEGAL DEPT<br>NORRISTOWN PA 19403-2406<br>US |
|---|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite; Apt. #, etc. |
| City & State                   | City & State        |

|     |         |     |         |                                    |  |
|-----|---------|-----|---------|------------------------------------|--|
| Zip | Country | Zip | Country | 4. FEI Number<br><b>23-2044095</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|-----|---------|-----|---------|------------------------------------|--|

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 STATE CAPITOL  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b>                                    |
| 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, 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

|  |  |
|--|--|
| T<br>HUGUNIN, JEFFREY I<br>12521 AMERSHIRE LANE<br>GLEN ALLEN VA | <input checked="" type="checkbox"/> Delete |
| V<br>BOYLE, JOSEPH M<br>2650 AUDUBON<br>NORRISTOWN PA            | <input checked="" type="checkbox"/> Delete |
| PD<br>WULSIN, HENRY H<br>128 AVON ROAD<br>HAVERFORD PA           | <input type="checkbox"/> Delete            |
|  | <input type="checkbox"/> Delete            |
|  | <input type="checkbox"/> Delete            |
|  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |  |
|---|--|
| T<br>Gary T. Prizzia<br>6604 West Broad Street<br>Richmond, Virginia 23230        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| V<br>Elizabeth A. Clifford<br>2650 Audubon Road<br>Norristown, Pennsylvania 19403 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| B/C<br>Henry H. Wulsin<br>2650 Audubon Road<br>Norristown, Pennsylvania 19403     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| P / D<br>A. Louis Parker<br>4850 Street Road<br>Trevose, Pennsylvania             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| V/S<br>Glenn L. Joppa<br>4850 Street Road<br>Trevose, Pennsylvania                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Henry H. Wulsin Henry H. Wulsin 3.7.00 610-650-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)