FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 20 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005070 (8)**

1. Corporation Name
COLONIAL PENN MADISON INSURANCE COMPANY

Principal Place of Business	Mailing Address
2650 AUDUBON ROAD NORRISTOWN PA 19403	1818 MARKET ST TAX DPT 26TH FL PHILADELPHIA PA 19181 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/09/1993**
3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business 21	2a. Mailing Address 26: 399 Market Street	4. FEI Number: **13-1967524**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27: Tax Dept - 5th Floor	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28: Philadelphia PA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29: 19181 / County 30: U.S.A.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name: Sigmond A. Brody
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4002 Eisenhower Boulevard
84 City: Tampa **FL** 85 Zip Code: 33634

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 _____ DATE
Signature, typed or printed name of registered agent and the date (required) (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	V/T	☒ Change ☐ Addition
NAME	OSTERMAN, BRUCE	12 NAME		
STREET ADDRESS	122 5TH AVE	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	CUMMING, IAN M	22 NAME		
STREET ADDRESS	529 EAST SOUTH TEMPLE	23 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	STEINBERG, JOSEPH S	32 NAME		
STREET ADDRESS	315 PARK AVENUE SOUTH	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY ST ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	ATTIVISSIMO, ANDREW W	42 NAME		
STREET ADDRESS	122 5TH AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	WULSIN, HENRY H	52 NAME		
STREET ADDRESS	2650 AUDUBON ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	NORRISTOWN PA	54 CITY ST ZIP		
TITLE	V	61 TITLE	V	☒ Change ☐ Addition
NAME	RUDEN, THOMAS A	62 NAME	Sentner, Timothy C.	
STREET ADDRESS	122 5TH AVENUE	63 STREET ADDRESS	399 Market Street	
CITY-ST-ZIP	NEW YORK NY	64 CITY ST ZIP	Philadelphia, PA 19181	

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)(i), 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: Timothy C. Sentner Date
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

Typed or Printed Name

0477219 FP