FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

5-1-96 B-5324-C

DOCUMENT # **F93000005070 (8)**

1. Corporation Name

COLONIAL PENN MADISON INSURANCE COMPANY

Principal Place of Business
2650 AUDUBON ROAD
NORRISTOWN PA 19403

Mailing Address
399 MARKET STREET
TAX DEPT- 5TH FLOOR
PHILADELPHIA PA 19181
US

3. Date Incorporated or Qualified: **11/09/1993**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **13-1967524** — Applied For ☐ Not Applicable ☐

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

9. Name and Address of Current Registered Agent

BRODY, SIGMOND A
4002 EISENHOWER BLVD
TAMPA FL 33634

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 _____ Signature, typed or printed name of registered agent and the date signed — (NEW) Registered Agent Signature for future years — DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	☒ DELETE
NAME	OSTERMAN, BRUCE	
STREET ADDRESS	122 5TH AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	CUMMING, IAN M	
STREET ADDRESS	529 EAST SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	D	☐ DELETE
NAME	STEINBERG, JOSEPH S	
STREET ADDRESS	315 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	☒ DELETE
NAME	ATTIVISSIMO, ANDREW W	
STREET ADDRESS	122 5TH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	WULSIN, HENRY H	
STREET ADDRESS	2650 AUDUBON ROAD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	V	☐ DELETE
NAME	SENTNER, TIMOTHY C	
STREET ADDRESS	399 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President + Treasurer	☐ Change ☒ Addition
1.2 NAME	David K. Sherman	
1.3 STREET ADDRESS	315 Park Avenue South	
1.4 CITY-ST-ZIP	New York, NY 10010	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Sr. Vice President + CFO	☐ Change ☒ Addition
4.2 NAME	Stephen T. List	
4.3 STREET ADDRESS	2650 Audubon Road	
4.4 CITY-ST-ZIP	Norristown, PA 19403	
5.1 TITLE	President	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 an attachment with an address.

SIGNATURE: _____ Timothy C. Sentner 4/23/96 (215) 928-6420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #