

**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

DOCUMENT # **F93000005070 (8)**

*51-96 B-5324-C*

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

4. FEI Number <b>13-1967524</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 state

Date of Registration Agent Signature and the state

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OSTERMAN, BRUCE</b>	
STREET ADDRESS	<b>122 5TH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CUMMING, IAN M</b>	
STREET ADDRESS	<b>529 EAST SOUTH TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEINBERG, JOSEPH S</b>	
STREET ADDRESS	<b>315 PARK AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ATTMISSIMO, ANDREW W</b>	
STREET ADDRESS	<b>122 5TH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WULSIN, HENRY H</b>	
STREET ADDRESS	<b>2650 AUDUBON ROAD</b>	
CITY-ST-ZIP	<b>NORRISTOWN PA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SENTNER, TIMOTHY C</b>	
STREET ADDRESS	<b>399 MARKET STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>Vice President &amp; Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>David K. Shekman</b>	
1.3 STREET ADDRESS	<b>315 Park Avenue South</b>	
1.4 CITY-ST-ZIP	<b>New York, NY 10010</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Sr. Vice President &amp; CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Stephen T. List</b>	
4.3 STREET ADDRESS	<b>2650 Audubon Road</b>	
4.4 CITY-ST-ZIP	<b>Norristown, PA 19403</b>	
5.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this form 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

CR2E034 (12/95)