

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005070 (8)
 1. Corporation Name
COLONIAL PENN MADISON INSURANCE COMPANY

Principal Place of Business 2850 AUDUBON ROAD NORRISTOWN PA 19403	Mailing Address 399 MARKET STREET TAX DEPT- 5TH FLOOR PHILADELPHIA PA 19181-0001 US
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 11/09/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 13-1967524	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRODY, SIGMOND A 4002 EISENHOWER BLVD TAMPA FL 33634		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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID K. SHERMAN	1.2 NAME	STEPHEN T. LIST
STREET ADDRESS	315 PARK AVENUE SOUTH	1.3 STREET ADDRESS	2850 AUDUBON RD
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NORRISTOWN, PA 19403
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMING, IAN M	2.2 NAME	
STREET ADDRESS	529 EAST SOUTH TEMPLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, JOSEPH S	3.2 NAME	
STREET ADDRESS	315 PARK AVENUE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN T. LIST	4.2 NAME	CHRISTINE E. BANACHERI
STREET ADDRESS	2850 AUDUBON ROAD	4.3 STREET ADDRESS	2850 AUDUBON RD
CITY-ST-ZIP	NORRISTOWN PA	4.4 CITY-ST-ZIP	NORRISTOWN, PA 19403
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULSIN, HENRY H	5.2 NAME	
STREET ADDRESS	2850 AUDUBON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN PA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENTNER, TIMOTHY C	6.2 NAME	
STREET ADDRESS	399 MARKET STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	6.4 CITY-ST-ZIP	

14. I do 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 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: *(Signature)* **TIMOTHY C. SENTNER** 4/25/97 (215) 928-6423

CR2E034 (9/96)