

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
 Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1993

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		13-1967524		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		29 Country		30 Country	
24		25		29		30	

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BRODY, SIGMOND A
 4002 EISENHOWER BLVD
 TAMPA FL 33834**

10. Name and Address of New Registered Agent

81 Name	Mr. Bill Marr		
82 Street Address (P.O. Box Number is Not Acceptable)	4002 Eisenhower Blvd.		
83			
84 City	Tampa	85 State	FL
		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 *Bill Marr* DATE **09.11.98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTC	1.1 TITLE	T
NAME	LIST, STEPHEN T	1.2 NAME	Jeffrey I. Hugunin
STREET ADDRESS	2650 AUDUBON RD	1.3 STREET ADDRESS	12521 Amershire Lane
CITY-ST-ZIP	NORRISTOWN PA	1.4 CITY-ST-ZIP	Glen Allen, Virginia
TITLE	D	2.1 TITLE	
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	3.1 TITLE	
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	VS	4.1 TITLE	
NAME	BANCHERI, CHRITINE E	4.2 NAME	
STREET ADDRESS	2650 AUDUBON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN PA	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	WULSIN, HENRY H	5.2 NAME	
STREET ADDRESS	2650 AUDUBON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN PA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
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 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 *Ph...* DATE **09.11.98**

CR2E034 (5/98)