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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000005070**

1. Corporation Name  
**COLONIAL PENN MADISON INSURANCE COMPANY**

Principal Place of Business  
**2650 AUDUBON ROAD  
NORRISTOWN PA 19103**

Mailing Address  
**299 MARKET STREET  
TAX DEPT- 5TH FLOOR  
PHILADELPHIA PA 19101  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quelled  
**11/09/1993**

4. FEI Number  
**13-1967524**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing (Trust Fund Contribution)  \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax  Yes  No

2. Principal Place of Business

2a. Mailing Address  
**2650 Audubon Road**

2b. Suite, Apt. #, etc.  
**c/o Legal Department**

2c. City & State  
**NORRISTOWN, PA**

2d. Zip  
**19403**

2e. Country  
**USA**

8. Name and Address of Current Registered Agent

**MARR, BILL  
4002 EISENHOWER BLVD  
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81. Name  
**Commissioner of Insurance**

82. Street Address (P.O. Box Number is Not Acceptable)  
**State Capitol**

84. City  
**Tallahassee**

85. Zip Code  
**FL 32301**

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 607.0508, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGUNIN, JEFFREY I	
STREET ADDRESS	12521 AMERSHIRE LANE	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BANCHERI, CHRITINE E	
STREET ADDRESS	2650 AUDUBON ROAD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WULSIN, HENRY M	
STREET ADDRESS	2650 AUDUBON ROAD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	Boyle, Joseph M.
4.4 CITY-ST-ZIP	2650 Audubon Road NORRISTOWN, PA 19403
5.1 TITLE	<input 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph M. Boyle Joseph M. Boyle

2.599 610.650.2043

RA change OK per Karon + Pamela Pitts DAI