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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P05178** **(9)**

1. Corporation Name
HARBOURTON REASSURANCE, INC.

Principal Place of Business	Mailing Address
~~ONE PENN SQUARE WEST~~ ~~8TH FLOOR~~ ~~PHILADELPHIA PA 19102~~	~~ONE PENN SQUARE WEST~~ ~~8T FLOOR~~ ~~PHILADELPHIA PA 19102-4826~~ ~~US~~

3. Date Incorporated or Qualified: 03/04/1985	3a. Date of Last Report: 03/07/1996
4. FEI Number: 23-2038295	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2530 S. Parker Rd.	26 2530 S. Parker Rd.
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 Aurora Colorado	City & State 28 Aurora Colorado
Zip 24 80014	Country 25 USA
Zip 29 80014	Country 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHMIT, HERMAN H. ONE PENN SQUARE WEST PHILA. PA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Schmit, Herman H. 2530 South Parker Rd. Suite 500 Aurora, CO 80014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOLAB, MARK ONE PENN SQUARE WEST PHILA. PA	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CEO Winokur, Andrew S. 2530 South Parker Rd. Suite 500 Aurora, CO 80014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HATCH, JOHN D. ONE PENN SQUARE WEST PHILA. PA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Assistant Secretary Brent Dupes 2530 South Parker Rd. Suite 500 Aurora, CO 80014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV DODGE, WILLIAM A. ONE PENN SQUARE WEST PHILA. PA	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TV Thomas A. Barrett 2530 South Parker Rd. Suite 500 Aurora, CO 80014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, DAVID W. ONE PENN SQUARE WEST PHILA. PA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Mills, David W. 2530 South Parker Rd. Suite 500 Aurora, CO 80014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAREY, JAMES J. ONE PENN SQUARE WEST PHILA. PA	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Carey, James J. 2530 South Parker Rd. Suite 500 Aurora, CO. 80014	☒ Change ☐ Addition

CR2E034 (9/96)

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: Thomas A Barrett Thomas A. Barrett (303)338-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000027A