FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15310 (6)

1. Corporation Name
COLONIAL PENN HERITAGE INSURANCE COMPANY
BAY COLONY INSURANCE COMPANY

Principal Place of Business	Mailing Address
1818 MARKET STREETS C/O TAX DEPARTMENTS - 26TH FLOOR PHILADELPHIA PA 19181	1818 MARKET STREETS C/O TAX DEPARTMENTS - 26TH FLOOR PHILADELPHIA PA 19181

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 399 MARKET STREET
Suite, Apt. #, etc.
22 C/O TAX DEPARTMENT - 5th FLOOR
City & State
23 PHILADELPHIA PA
Zip 24 19181 Country 25

2a. Mailing Address
26 399 MARKET STREET
Suite, Apt. #, etc.
27 C/O TAX DEPARTMENT - 5th FLOOR
City & State
28 PHILADELPHIA PA
Zip 29 19181 Country 30

4. FEI Number: 95-2743473 ☐ 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

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
STATE CAPITOL
TALLAHASSEE FL 32301

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	~~PCD~~	11 TITLE	a/D ☒ Change ☐ Addition
NAME	PATRELL, OLIVER L.	12 NAME	
STREET ADDRESS	~~1818 MARKET STREETS~~	13 STREET ADDRESS	2650 AUDUBON ROAD
CITY-ST-ZIP	~~PHILADELPHIA PA~~	14 CITY ST ZIP	NORRISTOWN, PA 19403
TITLE	VT	21 TITLE	☒ Change ☐ Addition
NAME	SHERMAN, DAVID K	22 NAME	
STREET ADDRESS	~~1818 MARKET STREETS~~	23 STREET ADDRESS	316 PARK AVENUE SOUTH
CITY-ST-ZIP	~~PHILADELPHIA PA~~	24 CITY ST ZIP	NEW YORK, NY 10010
TITLE	~~VD~~	31 TITLE	V ☒ Change ☐ Addition
NAME	PETITT, RICHARD G.	32 NAME	
STREET ADDRESS	~~1818 MARKET STREETS~~	33 STREET ADDRESS	399 MARKET STREET
CITY-ST-ZIP	~~PHILADELPHIA PA~~	34 CITY ST ZIP	PHILADELPHIA, PA 19181
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	SENTNER, TIMOTHY C.	42 NAME	
STREET ADDRESS	~~1818 MARKET STREETS~~	43 STREET ADDRESS	399 MARKET STREET
CITY-ST-ZIP	~~PHILADELPHIA PA~~	44 CITY ST ZIP	PHILADELPHIA, PA 19181
TITLE	VS	51 TITLE	☒ Change ☐ Addition
NAME	HERRMAN, BARBARA A.	52 NAME	
STREET ADDRESS	~~1818 MARKET STREETS~~	53 STREET ADDRESS	2650 AUDUBON ROAD
CITY-ST-ZIP	~~PHILADELPHIA PA~~	54 CITY ST ZIP	NORRISTOWN, PA 19403
TITLE	~~VD~~	61 TITLE	P/D ☒ Change ☐ Addition
NAME	~~KIKEN, NORMAN P.~~	62 NAME	WULSIN, HENRY H.
STREET ADDRESS	~~1818 MARKET STREETS~~	63 STREET ADDRESS	2650 AUDUBON ROAD
CITY-ST-ZIP	~~PHILADELPHIA PA~~	64 CITY ST ZIP	NORRISTOWN, PA 19403

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ TIMOTHY C. SENTNER (215) 928-6420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477212 FP