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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

DOCUMENT # P15310 **(6)**

1. Corporation Name
BAY COLONY INSURANCE COMPANY

Principal Place of Business	Mailing Address
399 MARKET STREET C/O TAX DEPARTMENT- 5TH FLOOR PHILADELPHIA PA 19181 US	399 MARKET STREET C/O TAX DEPARTMENT- 5TH FLOOR PHILADELPHIA PA 19181-0001 US

3. Date Incorporated or Qualified: 07/23/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) 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 re-instating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PATRELL, OLIVER L.		1.2 NAME		
STREET ADDRESS	2650 AUDUBON RD		1.3 STREET ADDRESS	1 TOWN LANDING ROAD	
CITY-ST-ZIP	PHILADELPHIA PA		1.4 CITY-ST-ZIP	OLD LYME, CT 06371	
TITLE	VT	☒ DELETE	2.1 TITLE	V/T	☐ Change ☒ Addition
NAME	SHERMAN, DAVID K		2.2 NAME	STEPHEN T. LIST	
STREET ADDRESS	315 PARK AVENUE SOUTH		2.3 STREET ADDRESS	7 GLENMONT ROAD	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	WHITEHOUSE STATION, NJ 08889	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PETITT, RICHARD G.		3.2 NAME		
STREET ADDRESS	399 MARKET STREET		3.3 STREET ADDRESS	4415 S.E. HAIG POINT COURT	
CITY-ST-ZIP	PHILADELPHIA PA		3.4 CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE	V	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SENTNER, TIMOTHY C.		4.2 NAME		
STREET ADDRESS	399 MARKET STREET		4.3 STREET ADDRESS	9 HIDDEN ACRES DRIVE	
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-ST-ZIP	VINCENTOWN, NJ 08088	
TITLE	VS	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	HERRMAN, BARBARA A.		5.2 NAME	CHRISTINE E. BANCHERI	
STREET ADDRESS	2650 AUDUBON RD		5.3 STREET ADDRESS	812 W. SEDGWICK STREET	
CITY-ST-ZIP	NORRISTOWN PA		5.4 CITY-ST-ZIP	PHILADELPHIA, PA 19119	
TITLE	PD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	WULSIN, HENRY H		6.2 NAME		
STREET ADDRESS	2650 AUDUBON RD		6.3 STREET ADDRESS	128 AVON ROAD	
CITY-ST-ZIP	NORRISTOWN PA		6.4 CITY-ST-ZIP	HAVERFORD, PA 19041	

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: _____ 4/29/97 (215) 839-4[illegible]