

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15310 (6)

1. Corporation Name
BAY COLONY INSURANCE COMPANY



Principal Place of Business 399 MARKET STREET C/O TAX DEPARTMENT- 5TH FLOOR PHILADELPHIA PA 19181 US	Mailing Address 399 MARKET STREET C/O TAX DEPARTMENT- 5TH FLOOR PHILADELPHIA PA 19181 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1987

2. Principal Place of Business 21 2650 Audubon Road Suite, Apt. #, etc. 22 City & State 23 Norristown, Pennsylvania Zip Country 24 19403 25 USA	2a. Mailing Address 26 2650 Audubon Road Suite, Apt. #, etc. 27 c/o Legal Department City & State 28 Norristown, Pennsylvania Zip Country 29 19403 30 USA
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PATRELL, OLIVER L. ONE TOWN LANDING ROAD OLD LYME CT	<input checked="" type="checkbox"/> DELETE	
NAME	VI LIST, STEPHEN T 7 GLENMONT ROAD WHITEHOUSE STATION NJ	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	D PETITT, RICHARD G. 4415 SE HAIG POINT COURT STUART FL	<input checked="" type="checkbox"/> DELETE	
CITY-ST-ZIP	V SENTNER, TIMOTHY C. 9 HIDDEN ACRES DRIVE VINCENTOWN NJ	<input checked="" type="checkbox"/> DELETE	
TITLE	VS BANCHERI, CHRISTINE E 812 W SEDGWICK STREET PHILADELPHIA PA	<input type="checkbox"/> DELETE	
NAME	PD WULSIN, HENRY H 128 AVON ROAD HAVERFORD PA	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			

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 checked="" type="checkbox"/> Addition
2.2 NAME	T Jeffrey I. Hugunin
2.3 STREET ADDRESS	12521 Amershire Lane
2.4 CITY-ST-ZIP	Glen Allen, Virginia
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(j), 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: *Christine E. Bancheri, VP S. 09.10.98 610 652 2107*

CR2E034 (5/98)