

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 APR 29 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005070 (8)**

1. Corporation Name

COLONIAL PENN MADISON INSURANCE COMPANY

Principal Place of Business
**2650 AUDUBON ROAD
NORRISTOWN PA 19403**

Mailing Address
**1818 MARKET ST
TAX DPT 26TH FL
PHILADELPHIA PA 19181
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/09/1993** 3e. Date of Last Report **06/28/1994**

2. Principal Place of Business

21 **2650 Audubon Road
Norristown PA 19403**

2a. Mailing Address

26 **399 Market Street**

4. FEI Number
13-1967524

Applied For
 Not Applicable

Suite, Apt. #, etc

22 **City & State**

Suite, Apt. #, etc

27 **Tax Dept - 5th Floor**

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

24 **19181** 25 **U.S.A.**

29 **19181** 30 **U.S.A.**

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

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

B1 Name **Sigmond A. Brody**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **4002 Eisenhower Boulevard**
B4 City **Tampa** FL B5 Zip Code **33634**

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

Signature (hand or printed name of registered agent and fee if applicable)

(NONE. Registered Agent signature required when registering)

(N/A)

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	OSTERMAN, BRUCE
STREET ADDRESS	122 5TH AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	CUMMING, IAN M
STREET ADDRESS	529 EAST SOUTH TEMPLE
CITY-ST-ZIP	SALT LAKE CITY UT
TITLE	D
NAME	STEINBERG, JOSEPH S
STREET ADDRESS	315 PARK AVENUE SOUTH
CITY-ST-ZIP	NEW YORK NY
TITLE	P
NAME	ATTMISSIMO, ANDREW W
STREET ADDRESS	122 5TH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	V
NAME	WULSIN, HENRY H
STREET ADDRESS	2650 AUDUBON ROAD
CITY-ST-ZIP	NORRISTOWN PA
TITLE	V
NAME	RUDEN, THOMAS A
STREET ADDRESS	122 5TH AVENUE
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T	<input checked="" 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 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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sentner, Timothy C.	
6.3 STREET ADDRESS	399 Market Street	
6.4 CITY-ST-ZIP	Philadelphia, PA 19181	

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 110.07(3)(k), 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 to an address.

SIGNATURE: **Timothy C. Sentner**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR