

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005070 (8)**

51-96 B-5324-C

1. Corporation Name
COLONIAL PENN MADISON INSURANCE COMPANY



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

Mailing Address
**399 MARKET STREET
TAX DEPT- 5TH FLOOR
PHILADELPHIA PA 19181
US**

3. Date Incorporated or Qualified **11/09/1993** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

4. FEI Number 13-1967524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRODY, SIGMOND A
4002 EISENHOWER BLVD
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 typed or printed name of registered agent and the date

Signature typed or printed name of new registered agent and the date

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VT	1.1 TITLE
NAME	OSTERMAN, BRUCE	1.2 NAME
STREET ADDRESS	122 5TH AVE	1.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE
NAME	CUMMING, IAN M	2.2 NAME
STREET ADDRESS	529 EAST SOUTH TEMPLE	2.3 STREET ADDRESS
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	STEINBERG, JOSEPH S	3.2 NAME
STREET ADDRESS	315 PARK AVENUE SOUTH	3.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP
TITLE	P	4.1 TITLE
NAME	ATTMISSIMO, ANDREW W	4.2 NAME
STREET ADDRESS	122 5TH AVENUE	4.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP
TITLE	V	5.1 TITLE
NAME	WULSIN, HENRY H	5.2 NAME
STREET ADDRESS	2650 AUDUBON ROAD	5.3 STREET ADDRESS
CITY-ST-ZIP	NORRISTOWN PA	5.4 CITY-ST-ZIP
TITLE	V	6.1 TITLE
NAME	SENTNER, TIMOTHY C	6.2 NAME
STREET ADDRESS	399 MARKET STREET	6.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	6.4 CITY-ST-ZIP

Vice President & Treasurer
David K. Shekman
315 Park Avenue South
New York, NY 10010

Sr. Vice President & CFO
Stephen T. List
2650 Audubon Road
Norristown, PA 19403

President

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 with an address.

SIGNATURE:

Timothy C. Sentner 4/23/96 (215) 928-6420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)