

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90084 019 ***150.00

DOCUMENT # F93000005070

1. Entity Name

COLONIAL PENN MADISON INSURANCE COMPANY

Principal Place of Business

Mailing Address

2650 AUDUBON ROAD
 NORRISTOWN PA 19403

C/O LEGAL DEPARTMENT
 2650 AUDUBON ROAD
 NORRISTOWN PA 19403-2406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1967524

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUGUNIN, JEFFREY I	
STREET ADDRESS	12521 AMERSHIRE LANE	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BANCHERI, CHRITNE E	
STREET ADDRESS	2650 AUDUBON ROAD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	WULSIN, HENRY H	
STREET ADDRESS	2650 AUDUBON ROAD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, JOSEPH M	
STREET ADDRESS	2650 AUDUBON ROAD	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary T. Prizzia	
STREET ADDRESS	6604 West Broad Street	
CITY-ST-ZIP	Richmond, Virginia 23230	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn L. Joppa	
STREET ADDRESS	4850 Street Road	
CITY-ST-ZIP	Trevoze, Pennsylvania	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry H. Wulsin	
STREET ADDRESS	2650 Audubon Road	
CITY-ST-ZIP	Norristown, Pennsylvania 19403	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Louis Parker	
STREET ADDRESS	4850 Street Road	
CITY-ST-ZIP	Trevoze, Pennsylvania	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth A. Clifford	
STREET ADDRESS	2650 Audubon Road	
CITY-ST-ZIP	Norristown, Pennsylvania 19403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry H. Wulsin
REQUIRED

Henry H. Wulsin

3.7.00

610-650-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #