

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:11

DOCUMENT # **P03440 (5)**
1. Corporation Name
COMMONWEALTH MORTGAGE ASSURANCE COMPANY

Principal Place of Business Mailing Address
1601 MARKET ST. PHILADELPHIA PA 19103 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/19/1984** 3a. Date of Last Report **03/22/1994**

4. FEI Number **23-2018130** 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

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

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32330**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, JAMES C.
STREET ADDRESS	581 LINDSEY DRIVE
CITY-ST-ZIP	RADNOR PA
TITLE	VOD
NAME	FISCHER, PAUL F.
STREET ADDRESS	5 PRINCE ANDREW COURT
CITY-ST-ZIP	MARLTON NJ
TITLE	SD
NAME	SHELLY, THOMAS J., JR.
STREET ADDRESS	3165 S. SMEDLEY STREET
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	TD
NAME	FILIPPS, FRANK P.
STREET ADDRESS	252 RAVENSCLIFF
CITY-ST-ZIP	ST. DAVIDS PA
TITLE	VPD
NAME	QUINT, ROBERT C.
STREET ADDRESS	207 WINDSOR AVE.
CITY-ST-ZIP	MELROSE PARK PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President and CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Filipps, Frank P.	
1.3 STREET ADDRESS	252 Ravenscliff	
1.4 CITY-ST-ZIP	St. Davids, PA 19087	
2.1 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Douglas J. MacLeod	
2.3 STREET ADDRESS	1226 Ridgewood Rd.	
2.4 CITY-ST-ZIP	Bryn Mawr, PA 19010	
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 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)(b), 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 addition.

SIGNATURE: C. Robert Quint C. Robert Quint 1/11/95 (215)564-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #