

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **09/19/1984**  
3a. Date of Last Report: **01/24/1995**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
STATE CAPITOL  
TALLAHASSEE FL 32330**

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  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of registered agent (This information is required when filing a change of agent) DATE: Registered Agent signature required when translating

12. OFFICERS AND DIRECTORS

TITLE	<b>PCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>FILIPPS, FRANK P.</b>	
STREET ADDRESS	<b>252 RAVENSCLIFF</b>	
CITY-ST-ZIP	<b>ST. DAVIDS PA</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MACLEOD, DOUGLAS J.</b>	
STREET ADDRESS	<b>1226 RIDGEWOOD ROAD</b>	
CITY-ST-ZIP	<b>BRYN MAWR PA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHELLY, THOMAS J., JR.</b>	
STREET ADDRESS	<b>3165 S. SMEDLEY STREET</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FILIPPS, FRANK P.</b>	
STREET ADDRESS	<b>252 RAVENSCLIFF</b>	
CITY-ST-ZIP	<b>ST. DAVIDS PA</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>QUINT, ROBERT C.</b>	
STREET ADDRESS	<b>207 WINDSOR AVE.</b>	
CITY-ST-ZIP	<b>MELROSE PARK PA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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	<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 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:

*C. Robert Quint*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*C. Robert Quint*

*1/18/96 (215)564-6600*

DATE

DAYTIME PHONE #

CR2E034 (12/95)