

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

CORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05178 (9)
1. Corporate Name
HARBOURTON REASSURANCE, INC.

Principal Place of Business Mailing Address
ONE PENN SQUARE WEST ONE PENN SQUARE WEST
8TH FLOOR 8TH FLOOR
PHILADELPHIA PA 19102 PHILADELPHIA PA 19102
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/04/1985 3a. Date of Last Report 03/03/1994
4. FEI Number 23-2038295 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. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature of the president, principal registered agent and the chief executive officer

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHMIT, HERMAN H.
STREET ADDRESS	ONE PENN SQUARE WEST
CITY - ST - ZIP	PHILA. PA
TITLE	V
NAME	GOLAB, MARK
STREET ADDRESS	ONE PENN SQUARE WEST
CITY - ST - ZIP	PHILA. PA
TITLE	S
NAME	MILBOURNE, WALTER
STREET ADDRESS	ONE PENN SQUARE WEST
CITY - ST - ZIP	PHILA. PA
TITLE	TV
NAME	DODGE, WILLIAM A.
STREET ADDRESS	ONE PENN SQUARE WEST
CITY - ST - ZIP	PHILA. PA
TITLE	D
NAME	MGGILL, DAN M
STREET ADDRESS	ONE PENN SQUARE WEST
CITY - ST - ZIP	PHILA. PA
TITLE	D
NAME	HELDRIING, FREDERICK-H
STREET ADDRESS	ONE PENN SQUARE WEST
CITY - ST - ZIP	PHILA. PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Hatch, John D
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Mills, David W
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Carey, James J
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information contained 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the 12 or 13 or 14 of changes, or on an attachment with an address.

SIGNATURE: *William A. Dodge* William A. Dodge 2/25/95 (215)972-5450
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone