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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **814820** (7)
1. Corporation Name
AMERICAN RELIANCE INSURANCE COMPANY

Principal Place of Business Mailing Address
**1000 LENOX DRIVE
P O BOX 6426
LAWRENCEVILLE NJ 08648**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/24/1960** 3a. Date of Last Report **05/01/1994**
4. FEI Number **21-0448855** 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 **1000 Lenox Drive** 26 **1000 Lenox Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Lawrenceville, New Jersey** 28 **Lawrenceville, New Jersey**
Zip Country Zip Country
24 **08648** 25 **USA** 29 **08648** 30 **USA**

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32302**

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 607.1508, 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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULTON, KAREN S.	1.2 NAME	
STREET ADDRESS	200 COUNTRY LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LANGHORNE PA	1.4 CITY - ST - ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE L. BELITZ JR.	2.2 NAME	
STREET ADDRESS	1098 LANDS END RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	HYPOLUZO ISLAND LA	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S
STREET ADDRESS		3.3 STREET ADDRESS	William G. Vowteras
CITY - ST - ZIP		3.4 CITY - ST - ZIP	940 Amboy Avenue Edison, NJ 08818
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	Barry W. Blank
CITY - ST - ZIP		4.4 CITY - ST - ZIP	18 La Vista Drive Ponte Vedra, FL 32082
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 the report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Karen S. Fulton* 2/24/95 609-895-3067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area #)