

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **814820** (7)

1. Corporation Name
AMERICAN RELIANCE INSURANCE COMPANY



Principal Place of Business: **XOOX NEWBOX OFFICE** 133 Franklin Corner Road LAWRENCEVILLE NJ 08648 US
Mailing Address: **XOOX NEWBOX OFFICE** 133 Franklin Corner Road LAWRENCEVILLE NJ 08648 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. 133 Franklin Corner Rd		26. 133 Franklin Corner Rd		10/24/1960	02/28/1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
23. City & State Lawrenceville, NJ		28. City & State Lawrenceville, NJ		21-0448855	
24. Zip 08648		29. Zip 08648		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26. Country		30. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32302				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. 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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	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-STATE-ZIP	LANGHORNE PA	1.4 CITY-STATE-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE L. BIELTZ JR.	2.2 NAME	
STREET ADDRESS	1098 LANDS END RD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HYPOLUZO ISLAND LA	2.4 CITY-STATE-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOWTERAS, WILLIAM G	3.2 NAME	Vowteras, William G
STREET ADDRESS	940 AMBOY AVENUE	3.3 STREET ADDRESS	940 Amboy Avenue
CITY-STATE-ZIP	EDISON NJ	3.4 CITY-STATE-ZIP	Edison, NJ 08648
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANK, BARRY W	4.2 NAME	
STREET ADDRESS	18 LA VISTA DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PONTE VEDRA FL	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Sr. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Silika, Thomas C.
STREET ADDRESS		5.3 STREET ADDRESS	940 Burke Road
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Jackson, NJ 08527
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Karen S. Fulton* 2/26/96 609-822-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)