

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 25 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801048 (0)
1. Corporation Name
RELANCE INSURANCE COMPANY

Principal Place of Business Mailing Address
4 PENN. CENTER PLAZA PHILADELPHIA PA 19103 **4 PENN. CENTER PLAZA PHILADELPHIA PA 19103**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/21/1918** 3a. Date of Last Report **04/26/1994**
4. FEI Number **23-0580680** 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**
6. This corporation has liability for enterprise 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

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 mandating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AT
NAME	NESPOLI, LEONARD D
STREET ADDRESS	4 PENN CENTER PL
CITY - ST - ZIP	PHILADELPHIA PA
TITLE	PCO
NAME	CASE, DEAN W.
STREET ADDRESS	4 PENN CENTER PLAZA
CITY - ST - ZIP	PHILADELPHIA, PA 08000
TITLE	DCB
NAME	STEINBERG, ROBERT M
STREET ADDRESS	4 PENN CENTER PLAZA
CITY - ST - ZIP	PHILADELPHIA, PA 00000
TITLE	CEO
NAME	STEINBERG, SAUL P
STREET ADDRESS	55 E52ND ST
CITY - ST - ZIP	NEW YORK, NY 00000
TITLE	S
NAME	ROUTLEDGE, LEE H
STREET ADDRESS	4 PENN CENTER PL
CITY - ST - ZIP	PHILADELPHIA PA
TITLE	SVP
NAME	FROHLICH, KENNETH
STREET ADDRESS	4 PENN CENTER PLAZA
CITY - ST - ZIP	PHILADELPHIA, PA 00000

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT & COO
2.3 STREET ADDRESS	ROBERT C. OLSMAN
2.4 CITY - ST - ZIP	4 PENN CENTER PLAZA PHILADELPHIA, PA 19103
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 this report.

SIGNATURE: Lee H. Routledge **4/19/95 (215) 864-4507**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)
LEE H. ROUTLEDGE