

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 03/21/1918
3a. Date of Last Report: 04/25/1995
4. FEI Number: 23-0580680
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

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
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: _____ DATE: _____
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AT	1.1 TITLE
NAME	NESPOLI, LEONARD D	1.2 NAME
STREET ADDRESS	4 PENN CENTER PL	1.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP
TITLE	PCOO	2.1 TITLE
NAME	OLSMAN, ROBERT C	2.2 NAME
STREET ADDRESS	4 PENN CENTER PLAZA	2.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP
TITLE	DCB	3.1 TITLE
NAME	STEINBERG, ROBERT M	3.2 NAME
STREET ADDRESS	4 PENN CENTER PLAZA	3.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA, PA 00000	3.4 CITY-ST-ZIP
TITLE	CEO	4.1 TITLE
NAME	STEINBERG, SAUL P	4.2 NAME
STREET ADDRESS	55 E52ND ST	4.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 00000	4.4 CITY-ST-ZIP
TITLE	S	5.1 TITLE
NAME	ROUTLEDGE, LEE H	5.2 NAME
STREET ADDRESS	4 PENN CENTER PL	5.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP
TITLE	SVP	6.1 TITLE
NAME	FROHLICH, KENNETH	6.2 NAME
STREET ADDRESS	4 PENN CENTER PLAZA	6.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA, PA 00000	6.4 CITY-ST-ZIP

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***200.00

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: *[Signature]* DATE: 4/29/96 (215) 864-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (12/95)

5/1/96