

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 # 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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AT
NESPOLI, LEONARD D
4 PENN CENTER PL
PHILADELPHIA PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCOO
OLSMAN, ROBERT C
4 PENN CENTER PLAZA
PHILADELPHIA PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCB
STEINBERG, ROBERT M
4 PENN CENTER PLAZA
PHILADELPHIA, PA 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
STEINBERG, SAUL P
55 E52ND ST
NEW YORK, NY 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
ROUTLEDGE, LEE H
4 PENN CENTER PL
PHILADELPHIA PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
FROHLICH, KENNETH
4 PENN CENTER PLAZA
PHILADELPHIA, PA 00000

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (215) 864-4470
Date Daytime Phone #

CR2E034 (12/95)

5/1/96