

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

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 19103-2807**

3. Date Incorporated or Qualified
03/21/1918

3a. Date of Last Report
05/01/1996

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date: **4/23/97** (215) 864.4470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)