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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 19103-2807



3. Date Incorporated or Qualified  
03/21/1918

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

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

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

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 registrant agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (215) 864-4470

Date

Daytime Phone

0007618

CR2E034 (9/96)