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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1918

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 THREE PARKWAY

Suite, Apt. #, etc.

22

City & State

23 PHILADELPHIA, PA

Zip

24 19102

Country

25 USA

2a. Mailing Address

26 THREE PARKWAY

Suite, Apt. #, etc.

27

City & State

28 PHILADELPHIA, PA

Zip

29 19102

Country

30 USA

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AT ☐ DELETE

NAME NESPOLI, LEONARD D

STREET ADDRESS 4 PENN CENTER PL
CITY-ST-ZIP PHILADELPHIA PA

TITLE PCOO ☐ DELETE

NAME OLSMAN, ROBERT C

STREET ADDRESS 4 PENN CENTER PLAZA
CITY-ST-ZIP PHILADELPHIA PA

TITLE DCB ☐ DELETE

NAME STEINBERG, ROBERT M

STREET ADDRESS 4 PENN CENTER PLAZA
CITY-ST-ZIP PHILADELPHIA, PA 00000

TITLE CEO ☐ DELETE

NAME STEINBERG, SAUL P

STREET ADDRESS 55 E52ND ST
CITY-ST-ZIP NEW YORK, NY 00000

TITLE S ☒ DELETE

NAME ROUTLEDGE, LEE H

STREET ADDRESS 4 PENN CENTER PL
CITY-ST-ZIP PHILADELPHIA PA

TITLE SVP ☐ DELETE

NAME FROHUCH, KENNETH

STREET ADDRESS 4 PENN CENTER PLAZA
CITY-ST-ZIP PHILADELPHIA, PA 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS THREE PARKWAY

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS THREE PARKWAY

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS THREE PARKWAY

34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS THREE PARKWAY

44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS LINDA S. KAISER

54 CITY-ST-ZIP THREE PARKWAY
PHILADELPHIA, PA 19102

61 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS THREE PARKWAY

64 CITY-ST-ZIP

14. I 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: Linda S. Kaiser

4 21-98

215-864-1420

CR2E034 (10/97)