

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

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 THREE PARKWAY Suite, Apt. #, etc.		2a. Mailing Address 26 THREE PARKWAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/21/1918	
22 City & State 23 PHILADELPHIA, PA Zip 19102 Country USA		27 City & State 28 PHILADELPHIA, PA Zip 19102 Country USA		4. FEI Number 23-0580680 Applied For <input type="checkbox"/> Not Applicable	
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESPOLI, LEONARD D	1.2 NAME	
STREET ADDRESS	4 PENN CENTER PL	1.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSMAN, ROBERT C	2.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	2.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	DCB <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, ROBERT M	3.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	3.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA, PA 00000	3.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, SAUL P	4.2 NAME	
STREET ADDRESS	55 E52ND ST	4.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	NEW YORK, NY 00000	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUTLEDGE, LEE H	5.2 NAME	SECRETARY
STREET ADDRESS	4 PENN CENTER PL	5.3 STREET ADDRESS	LINDA S. KAISER
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	THREE PARKWAY PHILADELPHIA, PA 19102
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROLUCH, KENNETH	6.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	6.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA, PA 00000	6.4 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)