

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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90019 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801048
 1. Corporation Name
RELIANCE INSURANCE COMPANY

Principal Place of Business THREE PARKWAY PHILADELPHIA PA 19102 US	Mailing Address THREE PARKWAY PHILADELPHIA PA 19102 US
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DO NOT WRITE IN THIS SPACE

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 []	29 []
25 []	30 []

3. Date Incorporated or Qualified 03/21/1918	
4. FEI Number 23-0580680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	NESPOLI, LEONARD D	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	OLSMAN, ROBERT C	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DCB	<input type="checkbox"/> DELETE
NAME	STEINBERG, ROBERT M	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	STEINBERG, SAUL P	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAISER, LINDA S.	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	FROHLICH, KENNETH	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Linda Kaiser **REQUIRED** KAISER 3-22-99 Date 215 864-1420 Daytime Phone #

CR2E034 (11/98)