

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90039 005 \*\*\*150.00

**DOCUMENT # 801048**

1. Entity Name

**RELiance INSURANCE COMPANY**

Principal Place of Business

Mailing Address

THREE PARKWAY  
 PHILADELPHIA PA 19102  
 US

THREE PARKWAY  
 PHILADELPHIA PA 19102-1321  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-0580680**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESPOLI, LEONARD D	NAME	
STREET ADDRESS	THREE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSMAN, ROBERT C	NAME	
STREET ADDRESS	THREE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	CITY-ST-ZIP	
TITLE	DCB <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBERG, ROBERT M	NAME	ASST. SECRETARY
STREET ADDRESS	THREE PARKWAY	STREET ADDRESS	PAUL R. SPECTOR
CITY-ST-ZIP	PHILADELPHIA, PA 00000	CITY-ST-ZIP	THREE PARKWAY
TITLE	CEO <input type="checkbox"/> Delete	TITLE	PHILADELPHIA, PA 19102
NAME	STEINBERG, SAUL P	NAME	
STREET ADDRESS	THREE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, LINDA S.	NAME	
STREET ADDRESS	THREE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROHLICH, KENNETH	NAME	
STREET ADDRESS	THREE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul R. Spector PAUL R. SPECTOR 4/26/00 215/864-4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)