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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **803328** (4)
1. Corporation Name
LEGION INSURANCE COMPANY

Principal Place of Business: 1650 MARKET ST, STE - 2200, PHILADELPHIA PA 19103, US
Mailing Address: 1650 MARKET STREET, STE - 2200, PHILADELPHIA PA 19103, US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-23) and Mailing Address (22a-23a) fields.

3. Date Incorporated or Qualified: 04/10/1928
3a. Date of Last Report: 05/18/1994
4. FEI Number: 23-1892289
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER OF FLORIDA
STATE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KESSOCK, JOHN	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1732 MARKET ST., #2700	CITY-ST-ZIP: PHILADELPHIA PA	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: VDT	NAME: FREDERICK, GREGG	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE LIBERTY PL #2200	CITY-ST-ZIP: PHILADELPHIA PA	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: VD	NAME: PARTRIDGE, GLENN	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE LIBERTY PL #2200	CITY-ST-ZIP: PHILADELPHIA PA	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: V	NAME: BONE, ROGER	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE LIBERTY PL #2200	CITY-ST-ZIP: PHILADELPHIA PA	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: VSD	NAME: WALSH, ANDREW	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE LIBERTY PL #2200	CITY-ST-ZIP: PHILADELPHIA PA	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: VPC	NAME: QUARINO, DANE M	6.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1 LIBERTY PL, STE 2200	CITY-ST-ZIP: PHILADELPHIA PA	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: _____ Robert J. Bittner 4/28/95 (215) 851-9550