

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 803328

(4)

1. Corporation Name

LEGION INSURANCE COMPANY



Principal Place of Business

Mailing Address

1650 MARKET ST
STE - 2200
PHILADELPHIA PA 19103
US

1650 MARKET STREET
STE - 2200
PHILADELPHIA PA 19103
US

3. Date Incorporated or Qualified

04/10/1928

3a. Date of Last Report

05/01/1995

4. FEI Number

23-1892289

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 has liability for intangible tax under s. 199.032,
Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
STATE CAPITOL
TALLAHASSEE FL 32304

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 this application

Signature, typed or printed name of registered agent and this application

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME KESSOCK, JOHN
STREET ADDRESS 1732 MARKET ST., #2700
CITY-STATE-ZIP PHILADELPHIA PA

TITLE VDT ☐ DELETE
NAME FREDERICK, GREGG
STREET ADDRESS ONE LIBERTY PL #2200
CITY-STATE-ZIP PHILADELPHIA PA

TITLE VD ☐ DELETE
NAME PARTRIDGE, GLENN
STREET ADDRESS ONE LIBERTY PL #2200
CITY-STATE-ZIP PHILADELPHIA PA

TITLE V ☐ DELETE
NAME BONE, ROGER
STREET ADDRESS ONE LIBERTY PL #2200
CITY-STATE-ZIP PHILADELPHIA PA

TITLE VSD ☐ DELETE
NAME WALSH, ANDREW
STREET ADDRESS ONE LIBERTY PL #2200
CITY-STATE-ZIP PHILADELPHIA PA

TITLE VP ☐ DELETE
NAME BITTNER, ROBERT J
STREET ADDRESS 1 LIBERTY PL, STE 2200
CITY-STATE-ZIP PHILADELPHIA PA

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

First VP + Controller

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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Bittner
DATE

5/23/96 (215) 851-9550
DATE AND PHONE #

CR2E034 (12/95)