

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**

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

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 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 director applicable to block 12. Registered Agent signature separate address block 13. DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
6.1 TITLE **First VP + Controller** Change Addition
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 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* **Robert J. Bittner** **5/23/96** (215) 851-9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date and Phone #

CR2E034 (12/95)