


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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 1650 MARKET ST STE - 2200 PHILADELPHIA PA 19103 US			Mailing Address 1650 MARKET STREET STE - 2200 PHILADELPHIA PA 19103-7301 US		
2. Principal Place of Business 21 One Logan Square Suite, Apt. #, etc. 22 Suite 1400 City & State 23 Philadelphia, PA Zip 24 19103		2a. Mailing Address 26 One Logan Square Suite, Apt. #, etc. 27 Suite 1400 City & State 28 Philadelphia, PA Zip 29 19103		3. Date Incorporated or Qualified 04/10/1928 3a. Date of Last Report 05/30/1996 4. FEI Number 23-1892289 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KESSOCK, JOHN		1.2 NAME		
STREET ADDRESS	1732 MARKET ST., #2700		1.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY - ST - ZIP	PHILADELPHIA PA		1.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	SVP, Treasurer, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREDERICK, GREGG		2.2 NAME		
STREET ADDRESS	ONE LIBERTY PL #2200		2.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY - ST - ZIP	PHILADELPHIA PA		2.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARTRIDGE, GLENN		3.2 NAME		
STREET ADDRESS	ONE LIBERTY PL #2200		3.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY - ST - ZIP	PHILADELPHIA PA		3.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONE, ROGER		4.2 NAME		
STREET ADDRESS	ONE LIBERTY PL #2200		4.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY - ST - ZIP	PHILADELPHIA PA		4.4 CITY - ST - ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, ANDREW		5.2 NAME		
STREET ADDRESS	ONE LIBERTY PL #2200		5.3 STREET ADDRESS	One Logan Square, Suite 1400	
CITY - ST - ZIP	PHILADELPHIA PA		5.4 CITY - ST - ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BITTNER, ROBERT J		6.2 NAME		
STREET ADDRESS	1 LIBERTY PL, STE 2200		6.3 STREET ADDRESS	111 E. Kilbourn Ave., Ste 1150	
CITY - ST - ZIP	PHILADELPHIA PA		6.4 CITY - ST - ZIP	Milwaukee, WI 53202	

14. I do 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.

SIGNATURE: _____

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/29/97

Date

215-963-1200

Daytime Phone #

0007846

CR2E034 (9/96)