

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
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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
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3. Date Incorporated or Qualified 04/10/1928	3a. Date of Last Report 05/30/1996
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2. Principal Place of Business 21 One Logan Square Suite, Apt. #, etc.	2a. Mailing Address 26 One Logan Square Suite, Apt. #, etc.
22 Suite 1400 City & State	27 Suite 1400 City & State
23 Philadelphia, PA Zip Country	28 Philadelphia, PA Zip Country
24 19103 25 USA	29 19103 30 USA

4. FEI Number 23-1892289	Applied For Not Applicable
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ (Signature, typed or printed name of registered agent and title if applicable) (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 KESOCK, JOHN 1732 MARKET ST., #2700 PHILADELPHIA PA	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	One Logan Square, Suite 1400
TITLE VDT	<input type="checkbox"/> DELETE FREDERICK, GREGG ONE LIBERTY PL #2200 PHILADELPHIA PA	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SVP, Treasurer, Director
TITLE VD	<input type="checkbox"/> DELETE PARTRIDGE, GLENN ONE LIBERTY PL #2200 PHILADELPHIA PA	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SVP & Director
TITLE V	<input type="checkbox"/> DELETE BONE, ROGER ONE LIBERTY PL #2200 PHILADELPHIA PA	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	One Logan Square, Suite 1400
TITLE VSD	<input type="checkbox"/> DELETE WALSH, ANDREW ONE LIBERTY PL #2200 PHILADELPHIA PA	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SVP, Secretary & Director
TITLE VPT	<input checked="" type="checkbox"/> DELETE BITTNER, ROBERT J 1 LIBERTY PL, STE 2200 PHILADELPHIA PA	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SVP & Director Sharon Abel 111 E. Kilbourn Ave., Ste 1150 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]* **4/29/97** 215-963-1200
Date Daytime Phone #
0007846

CR2E034 (9/96)