


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90172 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 803328
 1. Corporation Name
LEGION INSURANCE COMPANY



Principal Place of Business ONE LOGAN SQUARE STE. 1400 PHILADELPHIA PA 19103 US	Mailing Address ONE LOGAN SQUARE STE. 1400 PHILADELPHIA PA 19103 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/10/1928	4. FEI Number 23-1892289	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KESOCK, JOHN	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	FREDERICK, GREGG	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	PARTRIDGE, GLENN	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BONE, ROGER	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	WALSH, ANDREW	
STREET ADDRESS	ONE LOGAN SQUARE, STE. 1400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	ABEL, SHARON	
STREET ADDRESS	111 E. KILBOURN AVE., STE. 1150	
CITY-ST-ZIP	MILWAUKEE WI 19103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Gregg C. Frederick *Gregg C. Frederick* 4/29/99 215-963-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)