

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91400 007 ***150.00

DOCUMENT # 803328

1. Entity 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 19103-6933 US
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AU058437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-1892289	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER OF FLORIDA
 STATE CAPITOL
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVD	NAME Quist, Michael	STREET ADDRESS 111 E. Kilbourn Ave., Ste. 1150	CITY-ST-ZIP Milwaukee, WI 53202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT	NAME Quist, Michael	STREET ADDRESS 111 E. Kilbourn Ave., Ste. 1150	CITY-ST-ZIP Milwaukee, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew S. Walsh* Andrew S. Walsh 4/24/00 215-963-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)