

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817322 (1)

1. Corporation Name
RELiance NATIONAL INDEMNITY COMPANY

Principal Place of Business Mailing Address
**#4 PENN CENTER PLAZA #4 PENN CENTER PLAZA
PHILADELPHIA PA 19103 PHILADELPHIA PA 19103**

**APPROVED
AND
FILED**
95 APR 25 AM 11:22
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/29/1963 04/27/1994

4. FEI Number Applied For
23-1624911 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fes Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution 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 26

Suite, Apt. #, etc Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER,
THE CAPITOL
TALLAHASSEE FL 32304**

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 title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|---|
| TITLE | CBOP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSTI, DENNIS A | 1.2 NAME | |
| STREET ADDRESS | 77 WATER ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NJ 10005 | 1.4 CITY - ST - ZIP | |
| TITLE | SVP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASE, DEAN W. | 2.2 NAME | |
| STREET ADDRESS | 4 PENN CENTER PLAZA | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PHILADELPHIA PA | 2.4 CITY - ST - ZIP | |
| TITLE | SVP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FROHLICH, KENNETH | 3.2 NAME | |
| STREET ADDRESS | 4 PENN CENTER PLAZA | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PHILADELPHIA, PA 00000 | 3.4 CITY - ST - ZIP | |
| TITLE | SVD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARR, JEROME H | 4.2 NAME | |
| STREET ADDRESS | 4 PENN CENTER PLAZA | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PHILADELPHIA, PA 00000 | 4.4 CITY - ST - ZIP | |
| TITLE | S | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROUTLEDGE, LEE H | 5.2 NAME | |
| STREET ADDRESS | 4 PENN CENTER PLAZA | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PHILADELPHIA PA 19103 | 5.4 CITY - ST - ZIP | |
| TITLE | SVP | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COSTELLO, DENNIS C | 6.2 NAME | |
| STREET ADDRESS | 4 PENN CENTER PLAZA | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | PHILADELPHIA PA | 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 110.07(3)(b), 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 explanation.

SIGNATURE: **4/19/95 (215) 864-4567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

LEE H. ROUTLEDGE