

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
PHILADELPHIA PA 19103

#4 PENN CENTER PLAZA
PHILADELPHIA PA 19103

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 of person making this statement is not applicable

Signature of Agent is not applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CBDP
BUSTI, DENNIS A
77 WATER ST.
NEW YORK NY 10005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
CASE, DEAN W.
4 PENN CENTER PLAZA
PHILADELPHIA PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
FROHLICH, KENNETH
4 PENN CENTER PLAZA
PHILADELPHIA, PA 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
CARR, JEROME H
4 PENN CENTER PLAZA
PHILADELPHIA, PA 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROUTLEDGE, LEE H
4 PENN CENTER PLAZA
PHILADELPHIA PA 19103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
COSTELLO, DENNIS C
4 PENN CENTER PLAZA
PHILADELPHIA PA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP
8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP
10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP
12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (215) 864-4470
Date Day/Time Phone

CR2E034 (12/95)