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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



**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: **#4 PENN CENTER PLAZA PHILADELPHIA PA 19103**
Mailing Address: **#4 PENN CENTER PLAZA PHILADELPHIA PA 19103-2807**

3. Date Incorporated or Qualified: **08/29/1963**
3a. Date of Last Report: **05/01/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	23-1624911	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER,
THE CAPITOL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CBDP	<input type="checkbox"/> DELETE
NAME	BUSTI, DENNIS A	
STREET ADDRESS	77 WATER ST.	
CITY - ST - ZIP	NEW YORK NY 10005	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	CASE, DEAN W.	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	FROHLICH, KENNETH	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY - ST - ZIP	PHILADELPHIA, PA 00000	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	CARR, JEROME H	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY - ST - ZIP	PHILADELPHIA, PA 00000	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	ROUTLEDGE, LEE H	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY - ST - ZIP	PHILADELPHIA PA 19103	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	COSTELLO, DENNIS C	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY - ST - ZIP	PHILADELPHIA PA	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVP
2.3 STREET ADDRESS	Dennis Brand
2.4 CITY - ST - ZIP	77 Water St. New York, NY 10004
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	EVP
6.3 STREET ADDRESS	Joseph A. Graziano
6.4 CITY - ST - ZIP	77 Water St. New York, NY 10005

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 checked, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/23/97** (215) 864-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)