

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

FILED

May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **817322** (1)

1. Corporation Name  
**RELiance NATIONAL INDEMNITY COMPANY**

Principal Place of Business <b>#4 PENN CENTER PLAZA PHILADELPHIA PA 19103</b>	Mailing Address <b>#4 PENN CENTER PLAZA PHILADELPHIA PA 19103-2807</b>
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/29/1963</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>23-1624911</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER, THE CAPITOL TALLAHASSEE FL 32304</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CBDP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSTI, DENNIS A</b>	1.2 NAME	
STREET ADDRESS	<b>77 WATER ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY 10005</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SVP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASE, DEAN W.</b>	2.2 NAME	
STREET ADDRESS	<b>4 PENN CENTER PLAZA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FROHLICH, KENNETH</b>	3.2 NAME	
STREET ADDRESS	<b>4 PENN CENTER PLAZA</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA, PA 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SVD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, JEROME H</b>	4.2 NAME	
STREET ADDRESS	<b>4 PENN CENTER PLAZA</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA, PA 00000</b>	4.4 CITY - ST - ZIP	
TITLE	<b>SRVP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUTLEDGE, LEE H</b>	5.2 NAME	
STREET ADDRESS	<b>4 PENN CENTER PLAZA</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA PA 19103</b>	5.4 CITY - ST - ZIP	
TITLE	<b>SVP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTELLO, DENNIS C</b>	6.2 NAME	
STREET ADDRESS	<b>4 PENN CENTER PLAZA</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	6.4 CITY - ST - ZIP	
		7.1 TITLE	<b>EVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		7.2 NAME	<b>Joseph A. Graziano</b>
		7.3 STREET ADDRESS	<b>77 Water St.</b>
		7.4 CITY - ST - ZIP	<b>New York, NY 10005</b>

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 changed, or in an attachment with an address.

SIGNATURE:  **4/23/97** (215) 864-4470

CR2E034 (9/96)