

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

**FILED**

**May 08 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>THREE PARKWAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>THREE PARKWAY</b> Suite, Apt. #, etc.
22 City & State 23 <b>PHILADELPHIA, PA</b> 24 Zip <b>19102</b> 25 Country <b>USA</b>	27 City & State 28 <b>PHILADELPHIA, PA</b> 29 Zip <b>19102</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>08/29/1963</b>	
4. FEI Number <b>23-1624911</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating)

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>EVP</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAND, DENNIS</b>	2.2 NAME
STREET ADDRESS	<b>77 WATER ST.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>NEW YORK NY</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 checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" 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>EVP</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAZIANO, JOSEPH A</b>	6.2 NAME
STREET ADDRESS	<b>77 WATER ST.</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>NEW YORK NY</b>	6.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
**LINDA S. KAISER**

5.3 STREET ADDRESS  
**THREE PARKWAY**

5.4 CITY-ST-ZIP  
**PHILADELPHIA, PA 19102**

14. 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 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 \_\_\_\_\_ DATE **4-30-98 215-864-1420**

CF2E034 (10/97)