

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90019 011 ***150.00

DOCUMENT # 817322

1. Corporation Name

RELANCE NATIONAL INDEMNITY COMPANY

Principal Place of Business

#4 PENN CENTER PLAZA
THREE PKWY
PHILADELPHIA PA 19102
US

Mailing Address

#4 PENN CENTER PLAZA
THREE PKWY
PHILADELPHIA PA 19102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1963

4. FEI Number

23-1624911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CBDP ☐ DELETE

NAME BUSTI, DENNIS A

STREET ADDRESS 77 WATER ST.

CITY-ST-ZIP NEW YORK NY 10005

TITLE EVF ☐ DELETE

NAME BRAND, DENNIS

STREET ADDRESS 77 WATER ST.

CITY-ST-ZIP NEW YORK NY

TITLE SVP ☐ DELETE

NAME FROHLICH, KENNETH

STREET ADDRESS 4 PENN CENTER PLAZA

CITY-ST-ZIP PHILADELPHIA, PA 00000

TITLE SVD ☐ DELETE

NAME CARR, JEROME H

STREET ADDRESS 4 PENN CENTER PLAZA

CITY-ST-ZIP PHILADELPHIA, PA 00000

TITLE SRVP ☐ DELETE

NAME KAISER, LINDA S.

STREET ADDRESS THREE PKWY

CITY-ST-ZIP PHILADELPHIA PA 19102

TITLE EVF ☐ DELETE

NAME GRAZIANO, JOSEPH A

STREET ADDRESS 77 WATER ST.

CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda S. Kaiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KAISER 3-22-99 215 864-1428

CR2E034 (11/98)