


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

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

03-26-1999 90019 011 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 817322**

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



Principal Place of Business <b>#4 PENN CENTER PLAZA                  THREE PKWY                  PHILADELPHIA PA 19102                  US</b>	Mailing Address <b>#4 PENN CENTER PLAZA                  THREE PKWY                  PHILADELPHIA PA 19102                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>08/29/1963</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>23-1624911</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CBDP	<input type="checkbox"/> DELETE
NAME	BUSTI, DENNIS A	
STREET ADDRESS	77 WATER ST.	
CITY-ST-ZIP	NEW YORK NU 10005	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BRAND, DENNIS	
STREET ADDRESS	77 WATER ST.	
CITY-ST-ZIP	NEW YORK NY	
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	KAISER, LINDA S.	
STREET ADDRESS	THREE PKWY	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	EVP	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> 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 RESQUIDAD S KAISER 3-22-99 215 864-1428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)