

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90039 008 ***150.00

DOCUMENT # 817322

1. Entity Name

RELiance NATIONAL INDEMNITY COMPANY

Principal Place of Business

Mailing Address

**#4 PENN CENTER PLAZA
 THREE PKWY
 PHILADELPHIA PA 19102
 US**

**#4 PENN CENTER PLAZA
 THREE PKWY
 PHILADELPHIA PA 19102-1321
 US**

2. Principal Place of Business

THREE PARKWAY

3. Mailing Address

THREE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PHILADELPHIA, PA

City & State

PHILADELPHIA, PA

4. FEI Number

23-1624911

Applied For

Not Applicable

Zip

19102

Country

USA

Zip

19102

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	CBDP	BUSTI, DENNIS A	77 WATER ST. NEW YORK NU 10005	<input checked="" type="checkbox"/>
	EVP	BRAND, DENNIS	77 WATER ST. NEW YORK NY	<input type="checkbox"/>
	SVP	FROHLICH, KENNETH	4 PENN CENTER PLAZA PHILADELPHIA, PA 00000	<input type="checkbox"/>
	SVD	CARR, JEROME H	4 PENN CENTER PLAZA PHILADELPHIA, PA 00000	<input checked="" type="checkbox"/>
	SRVP	KAISER, LINDA S.	THREE PKWY PHILADELPHIA PA 19102	<input type="checkbox"/>
	EVP	GRAZIANO, JOSEPH A	77 WATER ST. NEW YORK NY	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	GEORGE T. VAN GILDER	77 WATER ST. NEW YORK, NY		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
ASST. SECRETARY	PAUL R. SPECTOR	THREE PARKWAY PHILADELPHIA, PA 19102		<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL R. SPECTOR

4/26/00
Date

215/864-4000
Daytime Phone #

CR2E034 (9/99)