

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817322

1. Entity Name

RELiance NATIONAL INDEMNITY COMPANY

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

05-16-2000 90039 008 ***150.00

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

INSURANCE COMMISSIONER,
THE CAPITOL
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)