

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90182 049 ***150.00

DOCUMENT # 837383

1. Entity Name
RELIANCE LIFE INSURANCE COMPANY

Principal Place of Business
THREE PARKWAY
PHILADELPHIA PA 19102-1376
US

Mailing Address
THREE PARKWAY
PHILADELPHIA PA 19102-1376
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0225077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
PLAZA LEVEL 11
THE CAPITOL
TALLAHASSEE FL 32399-7300

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, 2002 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 ☒ Delete
 NAME **PD**
 STREET ADDRESS **HABERLE, ROBERT E**
 CITY-ST-ZIP **5 HANOVER SQUARE**
NEW YORK NY 10004

TITLE ☐ Change ☒ Addition
 NAME **P/D**
 STREET ADDRESS **Brietling, David S**
 CITY-ST-ZIP **Three Parkway**
Philadelphia, PA 19102

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **MCLEAN, KEVIN G**
 CITY-ST-ZIP **5 HANOVER SQUARE**
NEW YORK NY 10004

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **Kincaid, Marilyn K**
 CITY-ST-ZIP **Three Parkway**
Philadelphia, PA 19102

TITLE ☒ Delete
 NAME **TO**
 STREET ADDRESS **MORAN, MICHAEL P**
 CITY-ST-ZIP **THREE PARKWAY**
PHILADELPHIA PA 19102-1376

TITLE ☐ Change ☒ Addition
 NAME **V/T/D**
 STREET ADDRESS **Mullin, Arthur W**
 CITY-ST-ZIP **Three Parkway**
Philadelphia, PA 19102

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **BOYLE, JOSEPH M**
 CITY-ST-ZIP **THREE PARKWAY**
PHILADELPHIA PA 19102

TITLE ☐ Change ☒ Addition
 NAME **AT**
 STREET ADDRESS **Taylor, John P**
 CITY-ST-ZIP **Three Parkway**
Philadelphia, PA 19102

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **FEKETE, KENNETH S**
 CITY-ST-ZIP **5 HANOVER SQUARE**
NEW YORK NY 10004

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

John P. Taylor, Assistant Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

(215) 864-4007

Daytime Phone #

CR2E034 (9/01)

Reliance Insurance Company (IN LIQUIDATION)

Three Parkway
Philadelphia, PA 19102-1376
215.864.4000

ATTACH # 887383 / 647452



Reliance

April 25, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: **Reliance Life Insurance Company, FEI #86-0225077**

Dear Sir/Madam:

Enclosed you will find a completed 2002 Uniform Business Report (UBR), along with our \$150.00 check # 2788026 in payment of the filing fee, for Reliance Life Insurance Company.

Should you require further information, please contact me.

Sincerely,

Maureen McCarthy

Maureen McCarthy
Compliance Administrator
(215) 864-4433

MM/djs

Enclosures