## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State 837383 DOCUMENT # 05-06-2002 90182 049 \*\*\*150 00 RELIANCE LIFE INSURANCE COMPANY Principal Place of Business Mailing Address THREE PARKWAY THREE PARKWAY PHILADELPHIA PA 19102-1376 PHILADELPHIA PA 19102-1376 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 86-0225077 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) PLAZA LEVEL 11 THE CAPITOL TALLAHASSEE FL 32399-7300 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P/DX Addition Change TITLE X Delete TITLE HABERLE, ROBERT E NAME Brietling, David S NAME STREET ADDRESS Three Parkway STREET ADDRESS 5 HANOVER SQUARE Philadelphia, PA 19102 CITY-ST-ZIP **NEW YORK NY 10004** CITY-ST-ZIP X Delete TITLE Change X Addition Kincaid, Marilyn K NAME MCLEAN, KEVIN G NAME STREET ADDRESS **5 HANOVER SQUARE** STREET ADDRESS Three Parkway **NEW YORK NY 10004** CITY-ST-ZIP Philadelphia, PA 19102 CITY-ST-ZIP V/T/D ☐ Change X Addition X Delete TITLE TITLE TO Mullin, Arthur W NAME MORAN, MICHAEL P NAME Three Parkway STREET ADDRESS STREET ADDRESS THREE PARKWAY Philadelphia, PA 19102 CITY-ST-ZIP PHILADELPHIA PA 19102-1376 CITY-ST-7IP X Delete TITLE ☐ Change X Addition TITLE Taylor, John P BOYLE, JOSEPH M NAME NAME Three Parkway STREET ADDRESS STREET ADDRESS THREE PARKWAY PHILADELPHIA PA 19102 CITY-ST-ZIP Philadelphia, PA 19102 CITY-ST-7IP Change ☐ Addition TITLE X Delete TITLE NAME FEKETE. KENNETH S NAME STREET ADDRESS 5 HANOVIER SQUARE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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 encowered 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

John P. Taylor, Assistant Treasurer NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

4/25/02 Date

(215) 864-4007

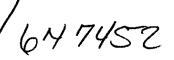
Daytime Phone #

CR2E034 (9/01)

## Reliance Insurance Company (IN LIQUIDATION)

Three Parkway Philadelphia, PA 19102-1376 215.864.4000

#TTACH #837383/





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

Compliance Administrator

(215) 864-4433

MM/djs

**Enclosures**