

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 849162

(3)

1. Corporation Name

ALLIED INSURANCE COMPANY

Principal Place of Business

1601 CHESTNUT ST. TWO LIBERTY PLACE
P O BOX 7716
PHILADELPHIA PA 19132

Mailing Address

1601 CHESTNUT ST. TWO LIBERTY PLACE
P O BOX 7716
PHILADELPHIA PA 19132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/19/1981

3a. Date of Last Report

04/29/1994

4. FEI Number

23-2021364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81. Name

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

83.

84. City

FL

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

Signature, typed or printed name of registered agent and the # of association

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FRANKLIN, RICHARD C
STREET ADDRESS	1601 CHESTNUT ST, 2 LIBERTY PL
CITY - ST - ZIP	PHIL PA
TITLE	VS
NAME	IRVAN, ROBERT P.
STREET ADDRESS	1601 CHESTNUT STREET
CITY - ST - ZIP	PHILADELPHIA PA 19192
TITLE	S
NAME	MULLIGAN, GEORGE D
STREET ADDRESS	2 LIBERTY, 1601 CHESTNUT
CITY - ST - ZIP	PHIL PA
TITLE	VAT
NAME	BERGSTEINSSON, PAUL
STREET ADDRESS	1601 CHESTNUT ST, 2 LIBERTY PL
CITY - ST - ZIP	PHIL PA
TITLE	VC
NAME	SEARS, JAMES A
STREET ADDRESS	2 LIBERTY, 1601 CHESTNUT
CITY - ST - ZIP	PHIL, PA 00000
TITLE	D
NAME	REEDS, ARTHUR C. III
STREET ADDRESS	900 COTTAGE GROVE ROAD
CITY - ST - ZIP	BLOOMFIELD CT

1. TITLE	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	19192
5. TITLE	☒ Change ☐ Addition
6. NAME	V/D
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☒ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	19192
13. TITLE	☐ Change ☒ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	19192
17. TITLE	☒ Change ☐ Addition
18. NAME	C/D
19. STREET ADDRESS	FROM GERALD A
20. CITY - ST - ZIP	1601 CHESTNUT ST.
21. CITY - ST - ZIP	19192
22. TITLE	☐ Change ☒ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY - ST - ZIP	06152

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

George D. Mulligan 4/13/95 (215) 761-2907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Items 4

ALLIED INSURANCE COMPANY (007)

849162

ADDRESS:

TWO LIBERTY PLACE, 1601 CHESTNUT STREET
PHILADELPHIA
PENNSYLVANIA 19192

TELEPHONE:

(215) 761-1000

OWNERSHIP: CIGNA SPECIALTY INSURANCE COMPANY - 100%

DIRECTORS

HAROLD W ALBERT

MEMBER OF INVESTMENT COMMITTEE

ROBERT W BURGESS

MEMBER OF INVESTMENT COMMITTEE

JAMES D ENGEL

MEMBER OF EXECUTIVE COMMITTEE

RICHARD C FRANKLIN

ROBERT P IRVAN

GERALD A. ISOM

CHAIRMAN OF EXECUTIVE COMMITTEE

DENNIS P KANE

JOHN A MURPHY, JR.

MEMBER OF EXECUTIVE COMMITTEE

WILLIAM PALGUTT

ARTHUR C. REEDS, III

CHAIRMAN OF INVESTMENT COMMITTEE

RICHARD W WRATTEN

OFFICERS

GERALD A. ISOM

RICHARD C FRANKLIN

CHAIRMAN OF THE BOARD

PRESIDENT

JAMES D ENGEL

ROBERT P IRVAN

CHIEF UNDERWRITING OFFICER

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

CHIEF FINANCIAL OFFICER

CHIEF ACTUARY

JOHN A MURPHY, JR.

SENIOR VICE PRESIDENT

CHIEF COUNSEL

BARRY L. ADAMS

VICE PRESIDENT

PAUL BERGSTEINSSON

ASSISTANT TREASURER

VICE PRESIDENT

MARCY F BLENDER

ASSISTANT TREASURER

VICE PRESIDENT

AS OF: 01/30/95

81962

JOHN A THOMPSON, JR.
MARK A WHITER
GEORGE D MULLIGAN
JOHN J GROODY
RICHARD F. BETZLER, JR.
JEFFREY A BRUNETTI
LINDA J DRISCOLL
ILANA G HESSING
JOAN M KENNEDY
KATHLEEN P MAGERR
JEROLD H ROSENBLUM
KIM M SMITH
BRIAN W VILLALOBOS

[illegible]