FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 849162 (3)

1. Corporation Name

ALLIED INSURANCE COMPANY

Principal Place of Business	Mailing Address
1601 CHESTNUT ST. TWO LIBERTY PLACE P O BOX 7716 PHILADELPHIA PA 19192	1601 CHESTNUT ST. TWO LIBERTY PLACE P O BOX 7716 PHILADELPHIA PA 19192

3. Date Incorporated or Qualified: 05/19/1981
3a. Date of Last Report: 04/20/1995
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 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FRANKLIN, RICHARD C	
STREET ADDRESS	1601 CHESTNUT ST, 2 LIBERTY PL	
CITY-ST-ZIP	PHIL PA	
TITLE	VD	☐ DELETE
NAME	IRVAN, ROBERT P.	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	☐ DELETE
NAME	MULLIGAN, GEORGE D	
STREET ADDRESS	2 LIBERTY, 1601 CHESTNUT	
CITY-ST-ZIP	PHIL PA	
TITLE	VAT	☐ DELETE
NAME	BERGSTEINSSON, PAUL	
STREET ADDRESS	1601 CHESTNUT ST, 2 LIBERTY PL	
CITY-ST-ZIP	PHIL PA	
TITLE	CD	☐ DELETE
NAME	ISOM, GERALD A	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHIL, PA 00000	
TITLE	D	☐ DELETE
NAME	REEDS, ARTHUR C. III	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY-ST-ZIP	BLOOMFIELD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME	400001761994	
53 STREET ADDRESS	-03/29/96--01014--019	
54 CITY-ST-ZIP	***3000.00	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	3/28	
64 CITY-ST-ZIP		

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 119.07(3)(k), 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 3/18/96 761-2967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)