

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 OCT 20 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1997

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  
1601 CHESTNUT ST. TWO LIBERTY PLACE  
P O BOX 7716  
PHILADELPHIA PA 19192

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Two Liberty Place-TL 21G  
27 Suite, Apt. #, etc.  
28 1601 Chestnut St.  
29 City & State  
30 Philadelphia, PA

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  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FRANKLIN, RICHARD C	1.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST, 2 LIBERTY PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHIL PA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	IRVAN, ROBERT P.	2.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	MULLIGAN, GEORGE D	3.2 NAME	
STREET ADDRESS	2 LIBERTY, 1601 CHESTNUT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHIL PA	3.4 CITY-ST-ZIP	
TITLE	VAT	4.1 TITLE	
NAME	BERGSTEINSSON, PAUL	4.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST, 2 LIBERTY PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHIL PA	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	ISOM, GERALD A	5.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHIL, PA 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	REEDS, ARTHUR C. III	6.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD CT	6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_

CR2E034 (4/97)