

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001863 (8)**

1. Corporation Name

RELANCE REINSURANCE COMPANY

Principal Place of Business

**#1 PENN CENTER PLAZA
PHILADELPHIA PA 19103**

Mailing Address

**4 PENN CENTER PLAZA
PHILADELPHIA PA 19103**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1995

4. FEI Number

23-2745904

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 THREE PARKWAY

Suite, Apt. #, etc.

22

City & State

23 PHILADELPHIA, PA

Zip

24 19102

Country

25 USA

2a. Mailing Address

26 THREE PARKWAY

Suite, Apt. #, etc.

27

City & State

28 PHILADELPHIA, PA

Zip

29 19102

Country

30 USA

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **ROBERTS, GEORGE H**
STREET ADDRESS **ONE PENN CENTER PLAZA 12TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **VD** ☐ DELETE

NAME **CAPEZZA, JOSEPH C**
STREET ADDRESS **ONE PENN CENTER PLAZA 12TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **VD** ☐ DELETE

NAME **CARR, JEROME H**
STREET ADDRESS **FOUR PENN CENTER PLAZA 19TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **D** ☐ DELETE

NAME **COUNTRYMAN, JOHN**
STREET ADDRESS **ONE PENN CENTER PLAZA 12TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **V** ☐ DELETE

NAME **INGERSOLL, JOHN**
STREET ADDRESS **ONE PENN CENTER PLAZA 12TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **SRVS** ☒ DELETE

NAME **ROUTLEDGE, LEE H**
STREET ADDRESS **FOUR PENN CENTER PLAZA 19TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **THREE PARKWAY**

1.4 CITY-ST-ZIP **PHILADELPHIA, PA 19102** ☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS **THREE PARKWAY**

2.4 CITY-ST-ZIP **PHILADELPHIA, PA 19102** ☒ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **THREE PARKWAY**

3.4 CITY-ST-ZIP **PHILADELPHIA, PA 19102** ☒ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **THREE PARKWAY**

4.4 CITY-ST-ZIP **PHILADELPHIA, PA 19102** ☒ Change ☐ Addition

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS **THREE PARKWAY**

5.4 CITY-ST-ZIP **PHILADELPHIA, PA 19102** ☒ Change ☐ Addition

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **SECRETARY**

6.3 STREET ADDRESS **LINDA S. KAISER**

6.4 CITY-ST-ZIP **THREE PARKWAY**

PHILADELPHIA, PA 19102

14. 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 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 *Linda S. Kaiser*

4-30-98 215-814-1820

CP2E034 (10/97)