

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000005473 (1)

1. Corporation Name

RELIANT INSURANCE CORP.

Principal Place of Business

FOUR PENN CENTER PLAZA  
PHILADELPHIA PA 19103

Mailing Address

FOUR PENN CENTER PLAZA  
PHILADELPHIA PA 19103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

51-0375354

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

24 Zip

PA 19102

Country

25 USA

2a. Mailing Address

26 THREE PARKWAY

Suite, Apt. #, etc.

27 City & State

28 PHILADELPHIA, PA

Zip

19102

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAILEY, JEFFREY J  
STREET ADDRESS 1717 E. 9TH ST, 20TH FLOOR  
CITY-ST-ZIP CLEVELAND OH 44114-2803

TITLE VD ☐ DELETE

NAME TYLER, SUSAN M  
STREET ADDRESS 1717 E. 9TH ST, 20TH FLOOR  
CITY-ST-ZIP CLEVELAND OH 44114-2803

TITLE GC ☒ DELETE

NAME JUNGERBERG, THOMAS D  
STREET ADDRESS 1717 E. 9TH ST, 20TH FLOOR  
CITY-ST-ZIP CLEVELAND OH 44114-2803

TITLE S ☐ DELETE

NAME SPECTOR, PAUL R  
STREET ADDRESS 1717 E. 9TH ST, 20TH FLOOR  
CITY-ST-ZIP CLEVELAND OH 44114-2803

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

COUNSEL  
CAROLINE KORAN  
1717 E. 9TH ST., 20TH FL  
CLEVELAND, OH 44114-2803

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

CR2E034 (10/97)