

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 # F97000004032 (5)
1. Corporation Name
RELIANCE DIRECT INSURANCE COMPANY



Principal Place of Business THREE PARKWAY PHILADELPHIA PA 19102	Mailing Address THREE PARKWAY PHILADELPHIA PA 19102
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/31/1997	
4. FEI Number 23-2745904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDRAM, LAWRENCE J	1.2 NAME	
STREET ADDRESS	820 FREEDOM BUSINESS CENTER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEY FORGE PA 19408	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLVISS, MICHAEL P	2.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	2.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19103	2.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VCFO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, JEROME H	3.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	3.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19103	3.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROHLICH, KENNETH R	4.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	4.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19103	4.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VTD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSON, STEWART J	5.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	5.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19103	5.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, LINDA S	6.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	6.3 STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19103	6.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	THREE PARKWAY
2.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	THREE PARKWAY
3.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	THREE PARKWAY
4.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	THREE PARKWAY
5.4 CITY-ST-ZIP	PHILADELPHIA, PA 19102
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	THREE PARKWAY
6.4 CITY-ST-ZIP	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 _____ DATE **4-30-98** **215-814-1470**

CP2E034 (10/97)