

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004032

1. Corporation Name

RELANCE DIRECT INSURANCE COMPANY

Principal Place of Business

THREE PARKWAY
PHILADELPHIA PA 19102

Mailing Address

THREE PARKWAY
PHILADELPHIA PA 19102

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90008 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

23-2745904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPTOL
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

☐ DELETE

TITLE PC
NAME SUNDAM, LAWRENCE J
STREET ADDRESS 620 FREEDOM BUSINESS CENTER DR.
CITY-ST-ZIP VALLEY FORGE PA 19406

☐ DELETE

TITLE V
NAME BLIVESS, MICHAEL P
STREET ADDRESS THREE PKWY
CITY-ST-ZIP PHILADELPHIA PA 19102

☐ DELETE

TITLE VCFO
NAME CARR, JEROME H
STREET ADDRESS THREE PKWY
CITY-ST-ZIP PHILADELPHIA PA 19102

☐ DELETE

TITLE VD
NAME FROHLICH, KENNETH R
STREET ADDRESS THREE PKWY
CITY-ST-ZIP PHILADELPHIA PA 19102

☐ DELETE

TITLE VTD
NAME GERSON, STEWART J
STREET ADDRESS THREE PKWY
CITY-ST-ZIP PHILADELPHIA PA 19102

☐ DELETE

TITLE VS
NAME KAISER, LINDA S
STREET ADDRESS THREE PKWY
CITY-ST-ZIP PHILADELPHIA PA 19102

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/1999 (215) 864-4000

Date

Daytime Phone #

054916

CR2F034 (11/98)