

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90039 007 \*\*\*150.00

**DOCUMENT # F97000004032**

1. Entity Name

**RELiance DIRECT INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**THREE PARKWAY  
 PHILADELPHIA PA 19102**

**THREE PARKWAY  
 PHILADELPHIA PA 19102-1321**

2. Principal Place of Business

3. Mailing Address

**1717 E. 9TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CLEVELAND, OH**

City & State

4. FEI Number

**23-2745904**

Applied For

Not Applicable

Zip  
**44114**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRESIDENT  
 JEFFREY J. DAILEY  
 1717 E. 9TH ST  
 CLEVELAND, OH 44114** ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SECRETARY  
 ALEXIS S. OSTER  
 1717 E. 9TH ST.  
 CLEVELAND, OH 44114** ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TREASURER  
 ROBERT D. SADLER  
 1717 E. 9TH ST.  
 CLEVELAND, OH 44114** ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ASST. SECRETARY  
 PAUL R. SPECTOR  
 THREE PARKWAY  
 PHILADELPHIA, PA 19102** ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 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

**PAUL R. SPECTOR** 4/26/00 215/864-4000

Date

Daytime Phone #

CR2E034 (9/99)