

F97000006353

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

900002357879-3
 -11/26/97--01065-011
 *****70.00 *****70.00

W97-26683

Reliance Insurance Company of California

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Thanks,
Jeff



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 26, 1997

CT CORPORATION SYSTEM

SUBJECT: RELIANCE INSURANCE COMPANY OF CALIFORNIA
Ref. Number: W97000026683

We have received your document for RELIANCE INSURANCE COMPANY OF CALIFORNIA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Insurance Commissioner as their registered agent. The registered office address is: Capitol Bldg., Tallahassee, FL 32301.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 897A00056553

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Reliance Insurance Company of California
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. California
(State or country under the law of which it is incorporated)

3. 95-4236454
(FEI number, if applicable)

4. 8-4-80
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. Three Parkway
Philadelphia, PA 19102-1376
(Current mailing address)

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8. Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Florida)

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner

Office Address: Capitol Bldg.

Tallahassee Florida, 32301
(Zip Code)

10. Registered agent acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligation of my position as registered agent.*

C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert C. Olsman

Address: Three Parkway
Philadelphia, PA 19102-1376

Vice Chairman: _____

Address: _____

Director: Jerome H. Carr

Address: Three Parkway
Philadelphia, PA 19102-1376

Director: Kenneth R. Forhlich

Address: Three Parkway
Philadelphia, PA 19102-1376

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B. OFFICERS

President: Robert C. Olsman

Address: Three Parkway
Philadelphia, PA 19102-1376

Vice President: Michael P. Blivess

Address: Three Parkway
Philadelphia, PA 19102-1376

Secretary: Linda S. Kaiser


Address: Three Parkway
Philadelphia, PA 19102-1376

Treasurer: Jerome H. Carr

Address: Three Parkway

Philadelphia, PA 19102-1376

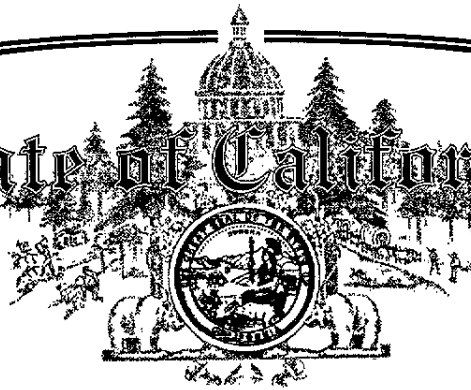
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert C. Olsman, Chairman, President & CEO
(Typed or printed name and capacity of person signing application)

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State of California



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That on the 4th day of August, 19 80,

RELIANCE INSURANCE COMPANY OF CALIFORNIA

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

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IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

November 21, 1997.



Secretary of State