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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90001 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000006353**
 1. Corporation Name
RELiance INSURANCE COMPANY OF CALIFORNIA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **THREE PARKWAY PHILADELPHIA PA 19102-1376**
 Mailing Address: **THREE PARKWAY PHILADELPHIA PA 19102-1376**

3. Date Incorporated or Qualified: **11/26/1997**
 4. FEI Number: **95-4236454**
 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

2. Principal Place of Business (21-23):
 2a. Mailing Address (26-28):
 24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent:
**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85):
 81 Name, 82 Street Address, 83, 84 City, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	OLSMAN, ROBERT C
STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19102-1376
TITLE	V <input type="checkbox"/> DELETE
NAME	BLIVESS, MICHAEL P.
STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19102-1376
TITLE	S <input type="checkbox"/> DELETE
NAME	KAISER, LINDA S
STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19102-1376
TITLE	TD <input type="checkbox"/> DELETE
NAME	CARR, JEROME H
STREET ADDRESS	THREE PARKWAY
CITY-ST-ZIP	PHILADELPHIA PA 19102-1376
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Linda S Kaiser** 3-22-99 215 864-1428
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)