2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F9800003495** May 16, 2000 8:00 am Secretary of State **RELIANT INSURANCE COMPANY** 05-16-2000 90039 012 ***150.00 Mailing Address Principal Place of Business THREE PARKWAY THREE PARKWAY PHILADELPHIA PA 19102-1321 PHILADELPHIA PA 19102 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 38-1865162 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL TALLAHASSEE FL 32399-0300 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change **PCFO** TITLE ☐ Delete TITLE NAME DAILEY, JEFFREY J NAME STREET ADDRESS STREET ADDRESS 1717 EAST NINTH STREET CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44114 SECRETARY ☐ Change Addition TITLE Delete TITLE ALEXIS OSTER NAME KORAN, CAROLINE M NAME STREET ADDRESS 1717 EAST NINTH STREET STREET ADDRESS 1717 E. 9TH ST. CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND OH 44114** CLEVELAND, OH 44114 ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME SADLER, ROBERT NAME STREET ADDRESS STREET ADDRESS 1717 EAST NINTH STREET CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44114 ASST. SECRETARY Delete ☐ Change Addition TITLE TITLE PAUL R SPECTOR NAME NAME MCLEAN, KEVIN G STREET ADDRESS STREET ADDRESS THREE PARKWAY 77 WATER STREET CITY-ST-ZIP CITY-ST-73P **NEW YORK NY 10005** PHILADELPHIA, PA 19102 Delete ☐ Change ☐ Addition TITLE TITLE. NAME BEVAN, ROGER S NAME STREET ADDRESS STREET ADDRESS 1717 EAST NINTH STREET CITY-ST-ZIP CITY-ST-7IF

CLEVELAND, OH 44114 PHILADELPHIA PA 19102 13. I hereby certify that the information supplied with this filling 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 anathat 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 any

CITY-\$T-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CLEVELAND OH 44114

BLIVESS, MICHAEL P

THREE PARKWAY

🔀 Delete

PAUL R. SPECTOR 4/26/00 215

ANNE BANDI 1717 E. 9TH ST.

☐ Change

Addition