

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 027 ***150.00

0321801 AV

DOCUMENT # F98000003495

1. Entity Name

RELIANT INSURANCE COMPANY

NC Not Filed

Bristol West Insurance Co. AM

Principal Place of Business

**214 SENATE AVENUE, #405
 CAMP HILL PA 17011**

Mailing Address

**5701 STIRLING ROAD
 DAVIE FL 33314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-1865162

Applied For

Not Applicable

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, 2002 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 **PCEO** ☐ Delete
 NAME **DAILEY, JEFFREY J**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **V** ☒ Change ☐ Addition
 NAME **DAILEY, JEFFREY J**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **S** ☐ Delete
 NAME **OSTER, ALEXIS**
 STREET ADDRESS **6150 OAK TREE BLVD, #500**
 CITY-ST-ZIP **INDEPENDENCE OH 44131**

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

TITLE **VT** ☐ Delete
 NAME **SADLER, ROBERT**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **P** ☒ Change ☐ Addition
 NAME **SADLER, ROBERT**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **V** ☐ Delete
 NAME **BEVAN, ROGER S**
 STREET ADDRESS **1717 EAST NINTH STREET**
 CITY-ST-ZIP **CLEVELAND OH 44114**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
 NAME **SUTTON, RANDY**
 STREET ADDRESS **5701 STIRLING ROAD**
 CITY-ST-ZIP **DAVIE, FL 33314**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

JEFFREY J. DAILEY

4-3-02 954-316-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)