

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 APR 25 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35236 (9)

1. Corporation Name
RELIANCE SURETY COMPANY

Principal Place of Business Mailing Address
FOUR PENN CENTER PLAZA PHILADELPHIA PA 19103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/22/1991** 3a. Date of Last Report **04/21/1994**

4. FEI Number **23-2643432** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOLBROOK, GEORGE T
STREET ADDRESS	4 PENN CENTER PLAZA
CITY - ST - ZIP	PHILADELPHIA PA
TITLE	D
NAME	CASE, DEAN W
STREET ADDRESS	4 PENN CENTER PLAZA
CITY - ST - ZIP	PHILADELPHIA PA
TITLE	DSV
NAME	CARR, JEROME H.
STREET ADDRESS	4 PENN CENTER PLAZA
CITY - ST - ZIP	PHILADELPHIA PA
TITLE	DS
NAME	ROUTLEDGE, LEE H
STREET ADDRESS	4 PENN CENTER PLAZA
CITY - ST - ZIP	PHILADELPHIA PA
TITLE	DSV
NAME	FROLUCH, KENNETH R
STREET ADDRESS	4 PENN CENTER PLAZA
CITY - ST - ZIP	PHILADELPHIA PA
TITLE	AS
NAME	SPECTOR, PAUL R.
STREET ADDRESS	4 PENN CENTER
CITY - ST - ZIP	PHILADELPHIA, PA

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an amendment with an address.

SIGNATURE: Paul R. Spector Date: 4-19-95 (Type Name) (215) 804-1056
PAUL R. SPECTOR