

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P35236** (9)

1. Corporation Name  
**RELiance SURETY COMPANY**



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

3. Date incorporated or Qualified: **08/22/1991** 3a. Date of Last Report: **04/25/1995**  
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

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  
85 Zip Code: **FL**

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. Not applicable. Signature of Registered Agent required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HOLBROOK, GEORGE T	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASE, DEAN W	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	CARR, JEROME H.	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROUTLEDGE, LEE H	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	FROHLICH, KENNETH R	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AS	<input type="checkbox"/> DELETE
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	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C. Brian Schmalz	
1.3 STREET ADDRESS	4 Penn Center Plaza	
1.4 CITY-ST-ZIP	Philadelphia, PA 19103	
2.1 TITLE	D Sr. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert J. Joyce	
2.3 STREET ADDRESS	4 Penn Center Plaza	
2.4 CITY-ST-ZIP	Philadelphia, PA	
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		

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PM 5-1-96

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)(k), 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.

SIGNATURE: *Paul R. Spector* (Signature and Typed or Printed Name of Signing Officer or Director)  
Date: **4/29/96** District Phone #: **(215) 864-4470**

CR2E034 (12/95)