

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 THREE PARKWAY Suite, Apt. #, etc.		2a. Mailing Address 26 THREE PARKWAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/22/1991	
22 City & State 23 PHILADELPHIA, PA		27 City & State 28 PHILADELPHIA, PA		4. FEI Number 23-2643432 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 19102		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 19102		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32399-0300				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				b1 Name	
				b2 Street Address (P.O. Box Number is Not Acceptable)	
				b3	
				b4 City	
				b5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SCHMALZ, C. BRIAN 4 PENN CENTER PLAZA PHILADELPHIA PA 19103	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP THREE PARKWAY
TITLE	DSRV JOYCE, ROBERT J. 4 PENN CENTER PLAZA PHILADELPHIA PA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP SRVP ROBERT KRISOWATY THREE PARKWAY PHILADELPHIA, PA 19102
TITLE	DSV CARR, JEROME H. 4 PENN CENTER PLAZA PHILADELPHIA PA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP THREE PARKWAY
TITLE	DS ROUTLEDGE, LEE H 4 PENN CENTER PLAZA PHILADELPHIA PA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DS LINDA S. KAISER THREE PARKWAY PHILADELPHIA, PA 19102
TITLE	DSV FROHLICH, KENNETH R 4 PENN CENTER PLAZA PHILADELPHIA PA	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP THREE PARKWAY
TITLE	AS SPECTOR, PAUL R. 4 PENN CENTER PHILADELPHIA, PA	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP THREE PARKWAY

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.

SIGNATURE _____

CR2E034 (10/97)