

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		29 Zip 19102	
26 Country USA		30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

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 _____

CF2E034 (10/97)