

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 THREE PARKWAY Suite, Apt. #, etc. 22 City & State 23 PHILADELPHIA, PA Zip 24 19102 Country 25 USA		2a. Mailing Address 26 THREE PARKWAY Suite, Apt. #, etc. 27 City & State 28 PHILADELPHIA, PA Zip 29 19102 Country 30 USA		3. Date Incorporated or Qualified 08/22/1991	4. FEI Number 23-2643432 Applied For Not Applicable
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 _____ (Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

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

CR2E034 (10/97)