


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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90019 013 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P35236**  
 1. Corporation Name  
**RELiance SURETY COMPANY**



Principal Place of Business THREE PARKWAY PHILADELPHIA PA 19102 US	Mailing Address THREE PARKWAY PHILADELPHIA PA 19102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/22/1991</b>	4. FEI Number <b>23-2643432</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHMALZ, C BRIAN	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	KRISOWATY, ROBERT	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	CARR, JEROME H.	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KAISER, LINDA S	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	FROHLICH, KENNETH R	
STREET ADDRESS	THREE PARKWAY	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SPECTOR, PAUL R.	
STREET ADDRESS	THREE PARKWAY	
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 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, with all other like empowered.

SIGNATURE: Linda S Kaiser **RECORDED** **5 KAISER** 3-22-99 215 864-1428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)