

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P38093 (1)  
1. Corporation Name  
RELiance NATIONAL INSURANCE COMPANY



Principal Place of Business

Mailing Address

4 PENN CENTER PLAZA  
PHILADELPHIA PA 19103

4 PENN CENTER PLAZA  
PHILADELPHIA PA 19103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1992

4. FEI Number

04-2739160

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCBP ☐ DELETE

NAME BUSTI, DENNIS A

STREET ADDRESS 77 WATER ST

CITY-ST-ZIP NEW YORK NY

TITLE DSV ☐ DELETE

NAME MARINO, ALBERT J

STREET ADDRESS 77 WATER ST

CITY-ST-ZIP NEW YORK NY

TITLE DSV ☐ DELETE

NAME CARR, JEROME H

STREET ADDRESS 4 PENN CENTER PLAZA

CITY-ST-ZIP PHILADELPHIA PA

TITLE DSV ☐ DELETE

NAME RADSCH, RICHARD T

STREET ADDRESS 77 WATER ST

CITY-ST-ZIP NEW YORK NY

TITLE DSV ☐ DELETE

NAME VITALE, MARIO

STREET ADDRESS 77 WATER ST

CITY-ST-ZIP NEW YORK NY

TITLE SVP ☒ DELETE

NAME ROUTLEDGE, LEE H

STREET ADDRESS 4 PENN CENTER PL

CITY-ST-ZIP PHILADELPHIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ 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.

CR2E034 (10/97)