

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90010 010 ***550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38093**

1. Corporation Name

RELIANCE NATIONAL INSURANCE COMPANY

Principal Place of Business

4 PENN CENTER PLAZA
THREE PARKWAY
PHILADELPHIA PA 19102
US

Mailing Address

4 PENN CENTER PLAZA
THREE PARKWAY
PHILADELPHIA PA 19102
US

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **THREE PARKWAY**

Suite, Apt. #, etc.

22

City & State

23 **PHILADELPHIA, PA 19102**

24 Zip

Country

25

2a. Mailing Address

26 **THREE PARKWAY**

Suite, Apt. #, etc.

27

City & State

28 **PHILADELPHIA, PA 19102**

29 Zip

Country

30

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 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 **DSVP** ☐ DELETE

NAME **MARINO, ALBERT J**

STREET ADDRESS **77 WATER ST**

CITY-ST-ZIP **NEW YORK NY**

TITLE **DSVP** ☒ DELETE

NAME **CARR, JEROME H**

STREET ADDRESS **THREE PARKWAY**

CITY-ST-ZIP **PHILADELPHIA PA 19102**

TITLE **DSVP** ☒ DELETE

NAME **RADSCH, RICHARD T**

STREET ADDRESS **77 WATER ST**

CITY-ST-ZIP **NEW YORK NY**

TITLE **DSVP** ☐ DELETE

NAME **VITALE, MARIO**

STREET ADDRESS **77 WATER ST**

CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☒ DELETE

NAME **KAISER, LINDA S.**

STREET ADDRESS **THREE PARKWAY**

CITY-ST-ZIP **PHILADELPHIA PA 19102**

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

S
JEFFREY A. WELIKSON

77 WATER ST.

NEW YORK, NY 10005

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/99

Date

Daytime Phone #

CR2E034 (5/99)