RELIANCE SURETY & INSURANCE CO., INC. Election of Members of the Board of Directors NOMINATION FORM

ANNUAL STOCKHOLDERS' MEETING MAY 3, 2018; 10:00AM

	PLEASE CHECK PROPER BOX Nominee for Independent Director Not a Nominee for Independent Director			
NAME OF NOMINEE				
CITIZENSHIP:	AGE:		DATE OF BIRTH:	
PLACE OF BIRTH:		NAME OF SPOUSE:		
RESIDENTIAL ADDRESS:	TEL NO.			CELL NO.
OFFICE ADDRESS:	TEL NO.			CELL NO.
EDUCATIONAL BACKGROUND/ATTAINMENT				
FULL DISCLOSURE OF WORK AND/OR BUSINESS EXPERIENCE				
STOCKHOLDINGS/SECURITY OWNERSHIP:				
DIRECT:		NDIRECT:		
CONVICTION, IF ANY, OF AN OFFENSE, JUDICIAL OR ADMINISTRATIVE, OR JUDICIAL DECLARATION OF BEING INSOLVENT, SPENDTHRIFT OR INCAPACITATED TO CONTRACT, IF APPLICABLE, PLEASE STATE:				
NATURE OF OFFENSE	cc	OURT/BODY		DATE COMPLAINED/ INFORMATION WAS FILED
CONFORMITY & ACCEPTANCE:				
SIGNATURE				SIGNATURE
PRINTED NAME OF NOMINEE		P		NOMINATOR-STOCKHOLDER OR IZED REPRESENTATIVE

RELATION TO NOMINEE

DATE SUBMITTED