# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2012**
**Secretary of State**

DOCUMENT# P00001

**Entity Name:** PHILADELPHIA INDEMNITY INSURANCE COMPANY

**Current Principal Place of Business:**

ONE BALA PLAZA
STE 100
BALA CYNWYD, PA 19004 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE BALA PLAZA
STE 100
BALA CYNWYD, PA 19004 US

**New Mailing Address:**

**FEI Number: 23-1738402** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER
POST OFFICE BOX 6200 (32314-6200)
200 E. GAINES STREET
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: CEO
Name: MAGUIRE, JAMES J JR
Address: ONE BALA PLAZA, SUITE 100
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: CFO
Name: KELLER, CRAIG P
Address: ONE BALA PLAZA, SUITE 100
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: D
Name: MAGUIRE, JAMES J SR
Address: ONE BALA PLAZA, SUITE 100
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: P
Name: SWEENEY, SEAN S
Address: ONE BALA PLAZA, SUITE 100
City-St-Zip: BALA CYNWYD, PA 19004 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG P. KELLER CFO 02/09/2012

Electronic Signature of Signing Officer or Director Date