

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003015

**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC1746617695**

**Entity Name:** PHILADELPHIA REINSURANCE CORPORATION

**Current Principal Place of Business:**

350 10TH AVENUE, SUITE 1450  
SAN DIEGO, CA 92101

**Current Mailing Address:**

350 10TH AVENUE, SUITE 1450  
SAN DIEGO, CA 92101 US

**FEI Number:** 23-1620930

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title C  
Name LIPPINCOTT, GRANT  
Address 350 10TH AVENUE, SUITE 1450  
City-State-Zip: SAN DIEGO CA 92101

Title D  
Name LIPPINCOTT, KEVIN  
Address 350 10TH AVENUE, SUITE 1450  
City-State-Zip: SAN DIEGO CA 92101

Title VC  
Name ELDRED, RODNEY  
Address 350 10TH AVENUE, SUITE 1450  
City-State-Zip: SAN DIEGO CA 92101

Title D  
Name O'CONNOR, RYAN  
Address 350 10TH AVENUE, SUITE 1450  
City-State-Zip: SAN DIEGO CA 92101

Title D  
Name DENZER, PATRICK  
Address 350 10TH AVENUE, SUITE 1450  
City-State-Zip: SAN DIEGO CA 92101

Title D  
Name CASTLE, KRISTINA L  
Address 350 10TH AVENUE, SUITE 1450  
City-State-Zip: SAN DIEGO CA 92101

Title P  
Name SWEENEY, KIERAN A  
Address 350 10TH AVENUE, SUITE 1450  
City-State-Zip: SAN DIEGO CA 92101

Title S/T  
Name ROCCOFORTE, MICHELLE  
Address 350 10TH AVENUE, SUITE 1450  
City-State-Zip: SAN DIEGO CA 92101

*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:** MICHELLE ROCCOFORTE

**TREASURER/SECRETARY** 04/03/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date