

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000001658

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC8060528214**

**Entity Name:** PHILADELPHIA FINANCIAL DISTRIBUTION COMPANY

**Current Principal Place of Business:**

1650 MARKET ST., 54TH FLOOR  
PHILADELPHIA, PA 19103

**Current Mailing Address:**

1650 MARKET ST., 54TH FLOOR  
PHILADELPHIA, PA 19103

**FEI Number:** 23-2795977

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            RIDOLFI, LINDA R  
Address        1650 MARKET ST., 54TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            VP, CFO, TREASURER  
Name            MILLER, TODD  
Address        1650 MARKET STREET, 54TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            ASSISTANT COMPLIANCE OFFICER  
Name            MISSON, HARLEY W.  
Address        1650 MARKET STREET, 54TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            DIRECTOR  
Name            SENSENBRENNER, F. J.  
Address        1650 MARKET STREET, 54TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            D  
Name            KAUFFMAN, GEOFFREY N  
Address        1650 MARKET STREET, 54TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            DIRECTOR  
Name            HILLMAN, JOHN K.  
Address        1650 MARKET STREET, 54TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

*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:** HARLEY MISSON

**ASST. COMPLIANCE  
OFFICER**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date