

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00001

**Entity Name:** PHILADELPHIA INDEMNITY INSURANCE COMPANY**Current Principal Place of Business:**ONE BALA PLAZA  
STE 100  
BALA CYNWYD, PA 19004**Current Mailing Address:**ONE BALA PLAZA  
STE 100  
BALA CYNWYD, PA 19004 US**FEI Number:** 23-1738402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399-0000 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	EVPC
Name	BENECKE, WILLIAM J
Address	ONE BALA PLAZA, SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	EVPT
Name	GILMORE-PAUCIELLO, KAREN
Address	ONE BALA PLAZA, SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	EVPC
Name	O'REILLY, BRIAN
Address	ONE BALA PLAZA STE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	PRESIDENT AND CEO
Name	GLOMB, JOHN
Address	ONE BALA PLAZA STE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	ASSISTANT CORPORATE
Name	YURKO, SCOTT
Address	ONE BALA PLAZA STE 100
City-State-Zip:	BALA CYNWYD PA 19004

*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:** SCOTT YURKO**ASSISTANT SECRETARY** 03/23/2021\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date