

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00100

FILED
Jan 09, 2015
Secretary of State
CC4335242454

Entity Name: PHILADELPHIA FINANCIAL LIFE ASSURANCE 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 US

FEI Number: 52-0795747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
THE CAPITOL BLDG.
TALLAHASSEE, FL 32399 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, CEO, DIRECTOR
Name HILLMAN, JOHN K
Address ONE LIBERTY PLACE, 1650 MARKET
 ST, 54TH FL
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR
Name KAUFFMAN, GEOFFREY N
Address ONE LIBERTY PLACE, 1650 MARKET
 ST, 54TH FL
City-State-Zip: PHILADELPHIA PA 19103

Title COO, EVP
Name KEIM, KENT
Address ONE LIBERTY PLACE, 1650 MARKET
 ST, 54TH FL
City-State-Zip: PHILADELPHIA PA 19103

Title EVP, GENERAL COUNSEL,
 SECRETARY
Name FILLIP, JOSEPH A.
Address ONE LIBERTY PLACE, 1650 MARKET
 ST, 54TH FL
City-State-Zip: PHILADELPHIA PA 19103

Title CFO, TREASURER, EVP
Name HOM, JAMES
Address ONE LIBERTY PLACE
 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: JOHN K. HILLMAN

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date