


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90012 001 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000000351** ✓  
 Corporation Name  
**PHILADELPHIA FINANCIAL GROUP, INC.**

Place of Business  
**WEST DRIVE, STE. 200  
 PA 19422**

Mailing Address  
**8801 INDIAN HILLS DRIVE  
 OMAHA NE 68114  
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/23/1995</b>	
4. FEI Number <b>23-2793189</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PHILADELPHIA FINANCIAL GROUP, INC.</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999	
<input checked="" type="checkbox"/> DELETE	<b>EVP BRUCH, JOHN 8801 INDIAN HILLS DRIVE OMAHA NE 68114</b>	1.1 TITLE	<b>m Kristine Levine</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<b>PCEO HILLMAN, JOHN K 980 HARVEST DR., STE. 200 BLUE BELL PA 19422</b>	1.2 NAME	<b>8801 Indian Hills Dr.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<b>DT KEIM, KENT 980 HARVEST DR, STE 200 BLUE BELL PA 19422</b>	1.3 STREET ADDRESS	<b>Omaha, Ne. 68114</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<b>VPD OBERLIES, SUSAN 980 HARVEST DRIVE, STE. 200 BLUE BELL PA 19422</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<b>EVP WARE, JOHN 980 HARVEST DRIVE, STE. 200 BLUE BELL PA 19422</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<b>EVP FISCHER, JOHN 980 HARVEST DRIVE, STE. 200 BLUE BELL PA 19422</b>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristine Levine* DATE: *9/2/99* (402) 361-7300

CR2E034 (11/98)