

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90047 025 ***150.00

DOCUMENT # F95000000351
1. Entity Name Philadelphia Financial Group, Inc.

Principal Place of Business 610 W. Germantown Pike
 Suite 460
 Plymouth Meeting, PA 19462

Mailing Address Same

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

Zip **Country**

B0083637

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2793189

Applied For **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Ware, John 980 Harvest Driv, Ste. 200 Blue Bell, PA 19422 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO & Director Hillman, John K. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Hillman, John K. 980 Harvest Drive, Ste. 200 Blue Bell, PA 19422 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Fischer, John T. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Keim, Kent C. 980 Harvest Drive, Ste. 200 Blue Bell, PA 19422 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Controller & Treasurer Keim, Kent C. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Oberlies, Susan M. 980 Harvest Drive, Ste. 200 Blue Bell, PA 19422 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Director Oberlies, Susan M. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Kristine Levine 8801 Indian Hills Drive Omaha, NE 68114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Asst. Secretary Sulek, Paul J. 610 W. Germantown Pk., Ste. 460 Plymouth Meeting, PA 19462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Fischer, John T. 980 Harvest Drive, Ste. 200 Blue Bell, PA 19422 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert E. Primmer One American Row Hartford, CT 06102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: *John T. Hillman* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/27/00 Daytime Phone #: (484) 530-4810

CR2E034 (9/99)