

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

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
**610 W. GERMANTOWN PIKE, SUITE 460
PLYMOUTH MEETING, PA 19462**



04192004 No Chg-P CR2E034 (10/03)

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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000154669
05/05/04-80006-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HILLMAN, JOHN K
STREET ADDRESS	610 W GERMANTOWN PK, STE 460
CITY- ST- ZIP	PLYMOUTH MEETING, PA 19462
TITLE	EVP
NAME	FISCHER, JOHN T
STREET ADDRESS	610 W GERMANTOWN PK., STE 460
CITY- ST- ZIP	PLYMOUTH MEETING, PA 19462
TITLE	VPCT
NAME	KEIM, KENT C
STREET ADDRESS	610 W GERMANTOWN PK., STE 460
CITY- ST- ZIP	PLYMOUTH MEETING, PA 19462
TITLE	SD
NAME	OBERLIES, SUSAN M
STREET ADDRESS	610 W GERMANTOWN PK., STE 460
CITY- ST- ZIP	PLYMOUTH MEETING, PA 19462
TITLE	VPAS
NAME	SULEK, PAUL J
STREET ADDRESS	610 W GERMANTOWN PK., STE 460
CITY- ST- ZIP	PLYMOUTH MEETING, PA 19462
TITLE	D
NAME	PRIMMER, ROBERT E
STREET ADDRESS	ONE AMERICAN ROW
CITY- ST- ZIP	HARTFORD, CT 06102

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 (484) 530-4815
Date Daytime Phone #