Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

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TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00001

1. Corporation Name
Philadelphia Indemnity Insurance Company

REINSTATEMENT 09-11

CR23081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
One Bala Plaza	One Bala Plaza
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Bala Cynwyd, PA	City & State Bala Cynwyd, PA
Zip 19004 Country USA	Zip 19004 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/28/1983

5. FEI Number 23-1738402 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $11.75 Additional fee applies for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable): Post Office Box 6200 (32314-6200)

Suite, Apt. #, Etc.: 200 East Gaines Street

City: Tallahassee State: FL Zip Code: 32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Alfredo Morales Date: 6/27/11
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	James J Maguire, Jr.	One Bala Plaza, Suite 100	Bala Cynwyd, PA 19004
CFO	Craig P. Keller	One Bala Plaza, Suite 100	Bala Cynwyd, PA 19004
Sec	Craig P. Keller	One Bala Plaza, Suite 100	Bala Cynwyd, PA 19004
Treas	Craig P. Keller	One Bala Plaza, Suite 100	Bala Cynwyd, PA 19004
Pres	Sean S. Sweeney	One Bala Plaza, Suite 100	Bala Cynwyd, PA 19004
Dir	James J. Maguire, Sr.	One Bala Plaza, Suite 100	Bala Cynwyd, PA 19004

10. E-mail Address: syurko@phlyins.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Craig P. Keller 06/22/2011 610-617-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLDS - 6/1/2011 | CT System Online

6/27 ad