2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2005
Secretary of State

DOCUMENT# P35161

Entity Name: PHILADELPHIA INSURANCE COMPANY

Current Principal Place of Business:

ONE BALA PLAZA
STE 100
BALA CYNWYD, PA 19004 US

New Principal Place of Business:

Current Mailing Address:

ONE BALA PLAZA
STE 100
BALA CYNWYD, PA 19004 US

New Mailing Address:

FEI Number: 23-2423138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: ALAN G. EIFE

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: MAGUIRE, JAMES J
Address: 8405 FLOURTOWN RD
City-St-Zip: WYNDMOOR, PA 19038

Title: PDCE ( ) Delete
Name: MAGUIRE, JAMES J
Address: 325 DRESHERTOWN ROAD
City-St-Zip: FORT WASHINGTON, PA 19034

Title: VST ( ) Delete
Name: KELLER, CRAIG P
Address: 29 WOODCROFT ROAD
City-St-Zip: HAVERTOWN, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALAN G. EIFE AVP 09/29/2005

Electronic Signature of Signing Officer or Director Date