# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 14 PM 1:39
02-03-2003 90069 022 **158175
TALLAHASSEE, FLORIDA

90016179

DOCUMENT # P35161

1. Entity Name
PHILADELPHIA INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| ONE BALA PLAZA | ONE BALA PLAZA |
| STE 100 | STE 100 |
| BALA CYNWYD PA 19004 | BALA CYNWYD PA 19004 |
| US | US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-2423138 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| INSURANCE COMMISSIONER<br>THE CAPITOL<br>TALLAHASSEE FL 32399-0300 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 6/24/03 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | CDCE | TITLE | C/D |
| NAME | MAGUIRE, JAMES J | NAME | Maguire, James J. |
| STREET ADDRESS | 8405 FLOURTOWN RD | STREET ADDRESS | 8405 Flourtown Rd. |
| CITY-ST-ZIP | WYNDMOOR PA 19038 | CITY-ST-ZIP | Wyndmoor, PA 19038 |
| | ☐ Delete | | ☒ Change ☐ Addition |
| TITLE | PDCO | TITLE | P/D/CEO |
| NAME | MAGUIRE, JAMES J JR | NAME | Maguire, Jame J. |
| STREET ADDRESS | 325 DRESHERTOWN ROAD | STREET ADDRESS | 325 Dreshertown Rd. |
| CITY-ST-ZIP | FORT WASHINGTON PA 19034 | CITY-ST-ZIP | Fort Washington, PA 19034 |
| | ☐ Delete | | ☒ Change ☐ Addition |
| TITLE | VSD | TITLE | V/S/T |
| NAME | KELLER, CRAIG P | NAME | Keller, Craig P. |
| STREET ADDRESS | 29 WOODCROFT ROAD | STREET ADDRESS | 29 Woodcroft Rd. |
| CITY-ST-ZIP | HAVERTOWN PA | CITY-ST-ZIP | Havertown, PA |
| | ☐ Delete | | ☒ Change ☐ Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | ☐ Delete | | ☐ Change ☐ Addition |
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| | ☐ Delete | | ☐ Change ☐ Addition |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | ☐ Delete | | ☐ Change ☐ Addition |

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 REQUIRED 3-5-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)