2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2013
Secretary of State
CC3334888703

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Entity Name: PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

TWO NORTH SECOND STREET
HARRISBURG, PA 17101

Current Mailing Address:

TWO NORTH SECOND STREET
HARRISBURG, PA 17101

FEI Number: 23-0961349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	COO
Name	SHUTTS, KENNETH R	Name	SEARS, CHRISTINE
Address	TWO NORTH SECOND STREET	Address	TWO NORTH SECOND STREET
City-State-Zip:	HARRISBURG PA 17101	City-State-Zip:	HARRISBURG PA 17101
Title	CFO	Title	D
Name	STINE, GREGORY R	Name	ALEXANDER, WILLIAM H
Address	TWO NORTH SECOND STREET	Address	3733 SPRUCE STREET
City-State-Zip:	HARRISBURG PA 17101	City-State-Zip:	PHILADELPHIA PA 19104
Title	D	Title	D
Name	FISHER, TODD R	Name	CLARK, ALEXANDER MM
Address	1139 GALWAY COURT	Address	160 EAST 84TH STREET
City-State-Zip:	HUMMELSTOWN PA 17036	City-State-Zip:	NEW YORK NY 10028

I hereby 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 all other like empowered.

SIGNATURE: GREGORY R. STINE CFO 02/11/2013

Electronic Signature of Signing Officer/Director Detail — Date