

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90276 001 \*\*\*450.00

**DOCUMENT # F00000002221**



1. Entity Name  
**PENNSYLVANIA MANUFACTURERS INDEMNITY  
COMPANY**

Principal Place of Business <b>THE PMA INSURANCE GROUP 380 SENTRY PARKWAY BLUE BELL, PA 19422</b>	Mailing Address <b>THE PMA INSURANCE GROUP 380 SENTRY PARKWAY BLUE BELL, PA 19422</b>
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address



Suite, Apt. #, etc. Suite, Apt. #, etc.

04292008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number **23-2217934** Applied For Not Applicable

Zip Country Zip Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONNELLY, VINCENT T	
STREET ADDRESS	58 PETER RAFFERTY DRIVE	
CITY-ST-ZIP	HAMILTON SQUARE, NJ	

TITLE	V	<input type="checkbox"/> Delete
NAME	BRADY, KEVIN M	
STREET ADDRESS	380 SENTRY PKWY	
CITY-ST-ZIP	BLUE BELL, PA 19422	

TITLE	T	<input type="checkbox"/> Delete
NAME	HITSELBERGER, WILLIAM E	
STREET ADDRESS	7 BARRINGTON DRIVE	
CITY-ST-ZIP	CRANBURY, NJ	

TITLE	V	<input type="checkbox"/> Delete
NAME	COCHRANE, JOHN M	
STREET ADDRESS	380 SENTRY PARKWAY	
CITY-ST-ZIP	BLUE BELL, PA 19422	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SUTHERLAND, BARBARA L	
STREET ADDRESS	380 SENTRY PARKWAY	
CITY-ST-ZIP	BLUE BELL, PA 19422	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T VITO A. NIGRO</b>
STREET ADDRESS	<b>380 SENTRY PARKWAY</b>
CITY-ST-ZIP	<b>BLUE BELL, PA 19422</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*John M. Cochrane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-28-08**

Date

**(610) 397-5000**

Daytime Phone #