

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002221

FILED
Apr 17, 2009
Secretary of State

Entity Name: PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY

Current Principal Place of Business:

THE PMA INSURANCE GROUP
380 SENTRY PARKWAY
BLUE BELL, PA 19422

New Principal Place of Business:

Current Mailing Address:

THE PMA INSURANCE GROUP
380 SENTRY PARKWAY
BLUE BELL, PA 19422

New Mailing Address:

FEI Number: 23-2217934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DONNELLY, VINCENT T
Address: 58 PETER RAFFERTY DRIVE
City-St-Zip: HAMILTON SQUARE, NJ

Title: V () Delete
Name: BRADY, KEVIN M
Address: 380 SENTRY PKWY
City-St-Zip: BLUE BELL, PA 19422

Title: T () Delete
Name: HITSELBERGER, WILLIAM E
Address: 7 BARRINGTON DRIVE
City-St-Zip: CRANBURY, NJ

Title: V () Delete
Name: COCHRANE, JOHN M
Address: 380 SENTRY PARKWAY
City-St-Zip: BLUE BELL, PA 19422

Title: T () Delete
Name: SUTHERLAND, BARBARA L
Address: 380 SENTRY PKWY.
City-St-Zip: BLUE BELL, PA 19422

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: AS () Change (X) Addition
Name: GARTNER, STEPHEN R
Address: 380 SENTRY PARKWAY
City-St-Zip: BLUE BELL, PA 19422

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN R GARTNER

AS

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date