2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 30, 2013
Secretary of State

DOCUMENT# F99000001928

Entity Name: NORCAL MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

560 DAVIS STREET
SAN FRANCISCO, CA 94111

New Principal Place of Business:

560 DAVIS STREET
200
SAN FRANCISCO, CA 94111

Current Mailing Address:

560 DAVIS STREET
SAN FRANCISCO, CA 94111

New Mailing Address:

560 DAVIS STREET
200
SAN FRANCISCO, CA 94111

FEI Number: 94-2301054 **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: CHEIF FINANCIAL OFFICER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: DIENER, THEODORE S
Address: 560 DAVIS STREET, SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94111

Title: SVP
Name: CROCKER, KATHERINE H
Address: 560 DAVIS STREET, SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94111

Title: SVP
Name: FRIERS, TIMOTHY J
Address: 1700 BENT CREEK BOULEVARD
City-St-Zip: MECAHNICSBURG, PA 17050

Title: VP
Name: SIMONS, NEIL E
Address: 560 DAVIS STREET, SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94111

Title: DIR
Name: SIDOROV, JAAN E MD
Address: 560 DAVIS STREET, SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94111

Title: DIR
Name: DAILEY, PATRICIA A MD
Address: 560 DAVIS STREET, SUITE 200
City-St-Zip: SAN FRANCISCO, CA 94111

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: NEIL E. SIMONS VP 05/30/2013

Electronic Signature of Signing Officer or Director — Date