

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25459**  
1. Corporation Name  
**PMA REINSURANCE CORPORATION**

(9)



Principal Place of Business  
**1735 MARKET STREET  
PHILADELPHIA PA 19103-7590  
US**

Mailing Address  
**1735 MARKET STREET  
PHILADELPHIA PA 19103-7590  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**07/31/1989**

4. FEI Number

**23-2153760**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ DELETE  
NAME **SMITHSON, JOHN WAYNE**  
STREET ADDRESS **1735 MARKET STREET**  
CITY-ST-ZIP **PHILADELPHIA PA 90**

TITLE **SV** ☐ DELETE  
NAME **MCDONNELL, FRANCIS W**  
STREET ADDRESS **1735 MARKET STREET**  
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **PS** ☐ DELETE  
NAME **TIRNEY, STEPHEN G.**  
STREET ADDRESS **1735 MARKET STREET**  
CITY-ST-ZIP **PHILADELPHIA PA 19103-7590**

TITLE **SV** ☐ DELETE  
NAME **DECOUX, RICHARD**  
STREET ADDRESS **1735 MARKET STREET**  
CITY-ST-ZIP **PHILADELPHIA PA 90**

TITLE **SV** ☐ DELETE  
NAME **GROSSO, ANTHONY G.**  
STREET ADDRESS **1735 MARKET STREET**  
CITY-ST-ZIP **PHILADELPHIA PA 90**

TITLE **SV** ☐ DELETE  
NAME **SNOW, DAVID**  
STREET ADDRESS **1735 MARKET STREET**  
CITY-ST-ZIP **PHILADELPHIA PA 19103-7590**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)