## 2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P25459 PMA REINSURANCE CORPORATION Mailing Address rincipal Place of Business 1735 MARKET STREET -- MARKET STREET TITT PA 19103-7590 PHILADELPHIA PA 19103-7501 3. Mailing Address Principal Place of Business <u>غازه، دیا اعترا سیمان بروجود زاده د</u> Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country

There is no a Broken Broke & Barrie

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6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

INSURANCE COMMISSIONER

This corporation is eligible to satisfy its Intangible

SMITHSON, JOHN WAYNE

MCDONNELL, FRANCIS W

1735 MARKET-STREET

TIRNEY, STEPHEN G.

DECOUX, RICHARD

1735 MARKET STREET

GROSSO, ANTHONY G.

1735 MARKET STREET

PHILADELPHIA PA 90

1735 MARKET STREET

PHILADELPHIA PA 19103-7590

SNOW, DAVID

PHILADELPHIA PA 90

1735 MARKET STREET

PHILADELPHIA PA 19103-7590

PHILADELPHIA PA

1735 MARKET STREET

PHILADELPHIA PA 90

Tax filing requirement and elects to do so.

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

TALLAHASSEE FL 32301

THE CAPITOL

(See criteria on back)

ST-ZIP

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ST ZIP

..... £000F98

ST-ZIP

..... i ADDRESS

ST ZIP

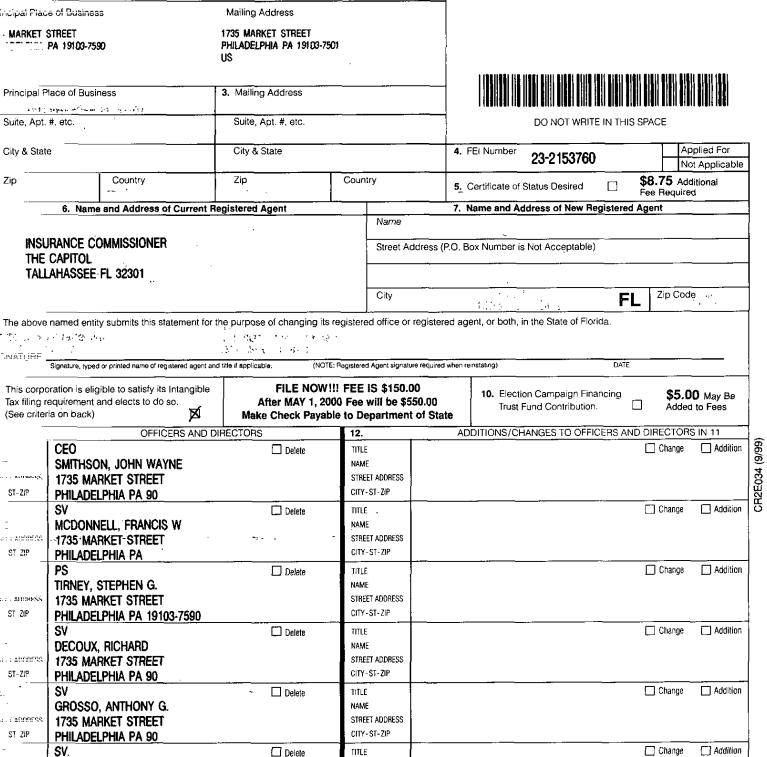
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- ST ZIP

CEO

## **FILED** Mar 03, 2000 8:00 am Secretary of State

03-03-2000 90207 042 \*\*\*150.00



i.3. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

TITLE .

NAME

SIGNATURE: .

SV.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR