

P25459

CCH LEGAL INFORMATION SERVICES

TRANSMITTED VIA FEDERAL EXPRESS

December 12, 2000

Amendment Section.
Division of Corporations
FLORIDA DEPARTMENT OF STATE
409 East Gaines Street
Tallahassee, FL 32399

900003500179--2
-12/13/00--01091--002
*****43.75 *****43.75

Re: PMA Reinsurance Corporation - Name Change

Dear Sir/Madam:

Reference to the above, at request of the principals, we submit the enclosed APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA reflecting the new name of this entity - PMA CAPITAL INSURANCE COMPANY, effective November 1, 2000.

Upon execution of the above name change, please process our order for the following document:

Certificate of Status (1)

In full payment of the amount due for these transactions, we enclosed CT Corporation System Check No. 151001715 for the amount of \$43.75 (Forty-three Dollars) representing Filing Fee of \$35.00 and Certificate of Status Fee of \$8.75.

Please process these transactions as soon as possible and mail the document order to my attention addressed as follows:

Monique Mason
CT Corporation System
111 Eighth Avenue, 13th Floor
New York, NY 10011

If you have any questions, please call me at (877) 275-2842.

Thank you,


Monique Mason
Licensing Support Specialist

Enclosure

111 Eighth Avenue
New York, NY 10011

FILED
01 JAN -8 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AA 1-8-01
Created by MasonMo
n/c

CCH LEGAL INFORMATION SERVICES

VIA FEDERAL EXPRESS

January 5, 2001

Ms. Anna Chesnut
Amendment Section
Division of Corporations
FLORIDA DEPARTMENT OF STATE
409 East Gaines Street
Tallahassee, FL 32399

Re: PMA Reinsurance Corporation - NAIC No. 39675 - Name Change Amendment

Dear Ms Chestnut:

In response to your letter dated December 15, 2000 regarding the status of our filing of the APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA, we re-submit, herewith, said document with your letter referenced above, accompanied by the Certificate of Amendment with original certification by the domicile Commissioner of Insurance.


We understand that our earlier payment of \$43.75 for the Amendment Fee of \$35.00 and Document Order Fee of \$8.75 for one (1) Certificate of Status has been withheld and will applied to processing this re-submission.

I thank you for your cooperation and assistance and look forward to receiving the Certificate of Status issued in the new company name as soon as possible. The mailing details are:

**Monique Mason
CT Corporation System
111 Eighth Avenue, 13th Floor
New York, NY 10011**

Please call me at (877) 275-2842 if you have any questions.

Sincerely,


Monique Mason
Licensing Support Specialist

Enclosure

111 Eighth Avenue
New York, NY 10011

Created by MasonMo



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 15, 2000

MONIQUE MASON
% CT CORPORATION SYSTEM
111 8TH AVE., 13TH FL
NEW YORK, NY 10011

SUBJECT: PMA REINSURANCE CORPORATION
Ref. Number: P25459

We have received your document for PMA REINSURANCE CORPORATION and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut
Corporate Specialist

Letter Number: 000A00063311

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Pursuant to s. 607.1504, F.S.)

SECTION I

(1-3 must be completed)

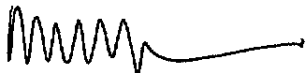
PMA Reinsurance Corporation

1. _____
Name of corporation as it appears on the records of the Department of State.
2. the Commonwealth of Pennsylvania
Incorporated under laws of
3. July 31, 1989
Date authorized to do business in Florida

SECTION II

(4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? November 1, 2000
PMA Capital Insurance Company
5. _____
Name of corporation after the amendment, adding suffix "corporation", "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
N/A
New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
N/A
New Jurisdiction



Signature
Robert L. Mendes

Typed or printed name

12/11/00

Date
Secretary

Title

FILED
01 JAN -8 AM 9:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Commonwealth of Pennsylvania



INSURANCE DEPARTMENT

I, M. Diane Koken, Insurance Commissioner of the Commonwealth of Pennsylvania, do hereby certify that the

attached is a full, true and correct copy of the Articles of Amendment of PMA REINSURANCE CORPORATION Changing Its Name to PMA CAPITAL INSURANCE COMPANY, Effective November 1, 2000, as the same appears of record and remains on file with this Department.

In Witness Whereof, I have hereunto set my hand, and affixed the Official Seal of this Department at the City of Harrisburg this 7th day of November, 2000.

M. Diane Koken

Insurance Commissioner



PMA Reinsurance Corporation

Certified to be a true and correct copy of the resolutions adopted by the Board of Directors of PMA Reinsurance Corporation (the "Corporation") at a Meeting of the Board of Directors held on August 9, 2000, and that such resolutions are still in full effect as of the date of certification, not having been amended, modified or rescinded since the date of their adoption.

FURTHER RESOLVED, that Article 1st of the Articles of Agreement is amended and restated in its entirety to be and read as follows:


"1st. The name by which the Corporation shall be known is PMA Capital Insurance Company."

FURTHER RESOLVED, that the Corporation's Officers are authorized and directed to file the required amendment to the Company's Articles of Agreement, to amend and restate the Bylaws of the Corporation to reflect the change of name, and to take any and all other actions, and to execute any and all other documents or instruments, that they, or any of them, shall deem necessary, proper or advisable, in their sole discretion, in order fully to carry out the aforesaid change of name;

Dated: October 25, 2000

PMA Reinsurance Corporation

By:


Charles A. Brawley, III
Assistant Secretary

COMMONWEALTH OF PENNSYLVANIA)

COUNTY OF PHILADELPHIA)

)ss.:
)

This instrument was acknowledged before me on the 25th day of October, 2000 by Charles A. Brawley, III, Assistant Secretary of PMA Reinsurance Corporation.


Notary Public

Notarial Seal
Sharon M. Pollick, Notary Public
Philadelphia, Philadelphia County
My Commission Expires Nov. 8, 2003
Member, Pennsylvania Association of Notaries

Change File

OCT 25 2000

Microfilm Number _____

Entity Number _____

Filed with the Department of State on _____

Secretary of the Commonwealth

ARTICLES OF AMENDMENT-DOMESTIC BUSINESS CORPORATION
DSCB:15-1915 (Rev 90)

In compliance with the requirements of 15 Pa.C.S. § 1915 (relating to articles of amendment), the undersigned business corporation, desiring to amend its Articles, hereby states that:

1. The name of the corporation is: PMA Reinsurance Corporation
2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

| | | | | |
|------------------------|--------------|-------|-------|--------------|
| (a) 1735 Market Street | Philadelphia | PA | 19103 | Philadelphia |
| Number and Street | City | State | Zip | County |

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The statute by or under which it was incorporated is: The Insurance Company Act of 1921
4. The date of its incorporation is: December 1, 1980
5. (Check, and if appropriate complete, one of the following):
☐ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.
☒ The amendment shall be effective on November 1, 2000 at 12:00 P.M.
Date Hour
6. (Check one of the following):
☐ The amendment was adopted by the shareholders (or members) pursuant to 15 Pa.C.S. § 1914(a) and (b).
☒ The amendment was adopted by the board of directors pursuant to 15 Pa.C.S. § 1914(c).
7. (Check, and if appropriate complete, one of the following):
☒ The amendment adopted by the corporation, set forth in full, is as follows:

FURTHER RESOLVED, that Article 1st of the Articles of Agreement is amended and restated in its entirety to be and read as follows:

"1st. The name by which the Corporation shall be known is PMA Capital Insurance Company."

THIS IS A TRUE COPY OF
THE ORIGINAL SIGNED
DOCUMENT FILED WITH
THE DEPARTMENT OF STATE

DSCB:15-1915 (Rev 90)-2

____ The amendment adopted by the corporation as set forth in full in Exhibit A attached hereto and made a part hereof.

8. ____ The restated Articles of Incorporation supersede the original Articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this 25th day of October, 2000.

PMA Reinsurance Corporation

(Name of Corporation)

BY: Thomas W. McDonnell

(Signature)

TITLE: Senior Vice President and Chief Financial Officer