

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90042 050 ***150.00

DOCUMENT # P25459

1. Entity Name
PMA CAPITAL INSURANCE COMPANY



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

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

40012451



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2153760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	DONNELLY, VINCENT
STREET ADDRESS	1735 MARKET STREET
CITY - ST - ZIP	PHILADELPHIA, PA 19103
TITLE	CFOV
NAME	HITSELBERGER, WILLIAM
STREET ADDRESS	1735 MARKET STREET
CITY - ST - ZIP	PHILADELPHIA, PA 191037590
TITLE	VPS
NAME	PRATTER, ROBERT L
STREET ADDRESS	1735 MARKET ST
CITY - ST - ZIP	PHILADELPHIA, PA 19103
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Pantazopoulos

1/6/05

Date

(215) 1065-5068

Daytime Phone #