

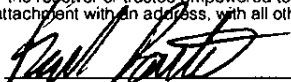


FILED
Mar 24, 2008 08:00 A
Secretary of State

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # P25459 | |  | | Secretary of State | |
| 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 | | | |
| DO NOT WRITE IN THIS SPACE | |  | | | |
| | | 01082008 No Chg-P CR2E034 (11/05) | | | |
| | | 4. FEI Number 23-2153760 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | DATE 04/08/08-80098-018 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | DO NOT WRITE IN THIS SPACE | | | |
| PCEO DONNELLY, VINCENT 1735 MARKET STREET PHILADELPHIA, PA 19103 | | | | | |
| CFOV HITSELBERGER, WILLIAM 1735 MARKET STREET PHILADELPHIA, PA 191037590 | | | | | |
| VPS PRATTER, ROBERT L 1735 MARKET ST PHILADELPHIA, PA 19103 | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | Frank Pantazopoulos / VP Controller 3/19/08 (215)316-0483 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |