

Pa5 459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

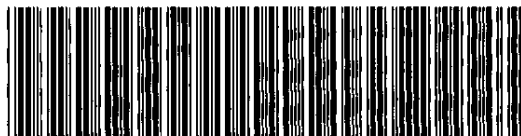
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700181655097

06/07/10--01025--004 \*\*43.75

10 JUN - 7 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*For  
06/10  
01/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Excaltbur Reinsurance Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P25459

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eileen LaFauci  
Name of Contact Person

Cozen O'Connor  
Firm/Company

1900 Market Street  
Address

Philadelphia, PA 19103  
City/State and Zip Code

elaauci@cozen.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen LaFauci at ( 215 ) 665-4779  
Name of Contact Person. Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



A PROFESSIONAL CORPORATION

1900 MARKET STREET PHILADELPHIA, PA 19103-3508 215.665.2000 800.523.2900 215.665.2013 FAX [www.cozen.com](http://www.cozen.com)

June 4, 2010

**VIA US MAIL**

**Eileen T. LaFauci**  
Direct Phone 215.665.4779  
[elaufauci@cozen.com](mailto:elaufauci@cozen.com)

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Excalibur Reinsurance Corporation

To Whom It May Concern:

Enclosed please find an application for amendment of the Certificate of Authority, a certified copy of the Articles of Incorporation of Excalibur Reinsurance Corporation, and a check representing the filing fee. Please issue an Amended Certificate of Authority evidencing the name change of PMA Capital Insurance Company to Excalibur Reinsurance Corporation. If you have any questions, please feel free to contact me.

Sincerely,

COZEN O'CONNOR

A handwritten signature in black ink, appearing to read "E. LaFauci".

By: Eileen T. LaFauci

ETL  
Enclosures

**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)**

P25459

(Document number of corporation (if known))

1. PMA Capital Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. July 31, 1989  
(Incorporated under laws of) (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? January 7, 2010

5. Excalibur Reinsurance Corporation  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)


6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Frank Pantazopolous  
(Typed or printed name of person signing)

Vice President, Controller  
(Title of person signing)

APPROVED AND FILED  
JUN - 7 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

---

*Commonwealth of Pennsylvania*



**INSURANCE DEPARTMENT**

---

I, Joel Ario, 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 **EXCALIBUR REINSURANCE COMPANY**, as the same appears of record and remains on file with this Department.

**In Witness Whereof**, I have hereunto set my hand and caused my official seal to be affixed this 28th day of May, 2010.

*Joel Ario*

---

Joel Ario  
Insurance Commissioner



Entity #: 720698  
Date Filed: 01/07/2010  
Pedro A. Cortés  
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Articles of Amendment-Domestic Corporation  
(15 Pa.C.S.)**

- Business Corporation (§ 1915)
- Nonprofit Corporation (§ 5915)

Commonwealth of Pennsylvania  
ARTICLES OF AMENDMENT-BUSINESS 4 Page(s)

Name		
Marilyn D. Adelman c/o Cozen O'Connor		
Address		
1900 Market Street		
City	State	Zip Code
Philadelphia, PA		19103



T1000865005

Fee: \$70

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:  
PMA Capital Insurance Company

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) Number and Street	City	State	Zip	County
1735 Market Street, Suite 2800	Philadelphia	PA	19103	Philadelphia

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_  
c/o \_\_\_\_\_

3. The statute by or under which it was incorporated: Business Corporation Law of 1933

4. The date of its incorporation: December 11, 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: \_\_\_\_\_ at \_\_\_\_\_  
Date Hour

2010 JAN -7 AM 9:31

PA DEPT OF STATE

DSCB:15-1915/5915-2

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) or § 5914(a).

The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate, complete one of the following:

The amendment adopted by the corporation, set forth in full, is as follows

Article 1st is hereby amended to be and read in full as follows:

\*1st. The name of the corporation is Excalibur Reinsurance Corporation.\*

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

8. Check if the amendment restates the Articles:


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

28th day of December,

2009

PMA Capital Insurance Company  
Name of Corporation

  
Signature

John Williams, President  
Title



January 4, 2010

James R. Potts, Esquire  
Cozen O'Connor  
1900 Market Street  
Philadelphia, Pennsylvania 19103-3508

VIA EMAIL: JPotts@cozen.com

RE: EXCALIBUR REINSURANCE CORPORATION

Dear Mr. Potts:

The following information is being provided in response to your earlier request.

Please be advised that the phrasing of the above-referenced name has been reviewed and found to be acceptable to the Pennsylvania Insurance Department. You will need to present a copy of this letter to the Pennsylvania Department of State, Corporation Bureau. In processing the registration of the name, the Department of State will verify that the new name is not being used by an existing entity or that the name does not too closely resemble that of an existing entity.

Note that this letter is to approve the use of a name only, it does not represent any form of licensure.

I trust that the information provided is responsive to your request. Please feel free to contact me at (717) 783-2143 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert E. Brackbill, Jr.", is written over a horizontal line.

Robert E. Brackbill, Jr.  
Chief  
Company Licensing Division