

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002222

Entity Name: MANUFACTURERS ALLIANCE INSURANCE COMPANY**Current Principal Place of Business:**380 SENTRY PARKWAY
BLUE BELL, PA 19422**Current Mailing Address:**380 SENTRY PARKWAY
BLUE BELL, PA 19422**FEI Number:** 23-2086596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399-4201 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DONNELLY, VINCENT T
Address	380 SENTRY PARKWAY
City-State-Zip:	BLUE BELL PA 19422

Title	EVP
Name	SANTULLI, JOHN III
Address	380 SENTRY PARKWAY
City-State-Zip:	BLUE BELL PA 19422

Title	SEC
Name	KIBBLEHOUSE, STEPHEN L
Address	380 SENTRY PARKWAY
City-State-Zip:	BLUE BELL PA 19422

Title	CFO
Name	COCHRANE, JOHN M
Address	380 SENTRY PKWY.
City-State-Zip:	BLUE BELL PA 19422

Title	ASEC
Name	BORRELL, DONALD F
Address	380 SENTRY PKWY.
City-State-Zip:	BLUE BELL PA 19422

Title	ASEC
Name	GARTNER, STEPHEN R
Address	380 SENTRY PARKWAY
City-State-Zip:	BLUE BELL PA 19422

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN GARTNER

AVP, AGC & ASST SEC

01/17/2013

Electronic Signature of Signing Officer/Director Detail_____
Date