

2024 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 EXECUTIVE CHAIRMAN
Name SANTULLI, JOHN
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title PRESIDENT
Name HOPPER, DEREK R
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

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

Title SVP, CFO, & TREASURER
Name BELL, ROBERT S
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

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

Title VP, ASST. SECRETARY
Name MUNOZ, ROBERT B
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title SVP, CHIEF INFORMATION OFFICER
Name VEERAMANI, RAM
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title SVP
Name BRADY, KEVIN M
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

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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: ROBERT B MUNOZ**VP, ASST SECRETARY****04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title EVP, CCO
Name DICELLO, RAYMOND
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name BATEMAN, STEVEN J
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name DIXON, JOHN M
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name KOVALESKI, CHARLES J
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name MCNITT, PETER B
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR, CEO
Name SMIDDY, CRAIG R
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name TAUBITZ, FREDRICKA
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name ADACHI, BARBARA A
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name CALDWELL, LISA J
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name KENNEDY, MICHAEL D
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name LEROY, SPENCER
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name REED , GLENN W
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name SMITH, J. ERIC
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422

Title DIRECTOR
Name WALKER, STEVEN R
Address 380 SENTRY PARKWAY
City-State-Zip: BLUE BELL PA 19422