

**2021 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 DONNELLY, VINCENT T  
Address 380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422

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

Title VP  
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 SECURITY  
OFFICER  
Name CHANDLER, DAVID A  
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: ROBERT B MUNOZ****VP, ASST SEC****03/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date