

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001605

**Entity Name:** GLATFELTER CLAIMS MANAGEMENT, INC.

**Current Principal Place of Business:**

183 LEADER HEIGHTS ROAD  
YORK, PA 17402

**Current Mailing Address:**

PO BOX 2726  
YORK, PA 17405-2726

**FEI Number: 23-2826072**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY, VP  
Name CONWAY, MICHAEL E  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

Title PRESIDENT, DIRECTOR  
Name WATKINS, JOHN M.  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name FLATT, CHRISTOPHER J.  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

Title T, VP  
Name BLAHA, DAVID J.  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

Title AT  
Name RAFFENBERGER, JENNIFER S  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

Title VP, TAX OFFICER  
Name LUNANUOVA, STEPHEN  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

Title VP  
Name CONRAD, HEATH A.  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

Title VP  
Name MALAMPHY, TINA M.  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

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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: MICHAEL E. CONWAY**

**SECRETARY**

**04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VICE PRESIDENT CLAIMS OPERATIONS  
Name STONER, CHARLES TODD  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402

Title VICE PRESIDENT HEAD OF  
TECHNICAL CLAIMS  
Name ROSEN, CRAIG A.  
Address 183 LEADER HEIGHTS ROAD  
City-State-Zip: YORK PA 17402