

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000942

**Entity Name:** PMC INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

209 BURLINGTON ROAD  
SUITE #109  
BEDFORD, MA 01730

**Current Mailing Address:**

209 BURLINGTON ROAD  
SUITE #109  
BEDFORD, MA 01730

**FEI Number:** 04-3388989

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 TD  
Name MALLOY, GREGORY  
Address 209 BURLINGTON ROAD  
SUITE #109  
City-State-Zip: BEDFORD MA 01730

Title SD  
Name SHAW, ANDREW D  
Address 209 BURLINGTON ROAD  
SUITE #109  
City-State-Zip: BEDFORD MA 01730

Title PD  
Name MALLOY, DAVID M  
Address 209 BURLINGTON ROAD  
SUITE #109  
City-State-Zip: BEDFORD MA 01730

*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:** DAVID M MALLOY

**PRESIDENT**

**02/26/2018**

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

\_\_\_\_\_  
Date