

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000942

Entity Name: PMC INSURANCE AGENCY, INC.**Current Principal Place of Business:**209 BURLINGTON ROAD
BEDFORD, MA 01730**Current Mailing Address:**C/O ONE80 INTERMEDIARIES INC.
160 FEDERAL STREET 4TH FLOOR
BOSTON, MA 02110 US**FEI Number:** 04-3388989**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	PRESIDENT, DIRECTOR
Name	MINA, JOHN
Address	160 FEDERAL STREET 4TH FLOOR
City-State-Zip:	BOSTON MA 02110

Title	SECRETARY, DIRECTOR
Name	LOGAN, NATALIE M
Address	160 FEDERAL STREET 4TH FLOOR
City-State-Zip:	BOSTON MA 02110

Title	TREASURER, DIRECTOR
Name	EDWARDS, SHARON
Address	160 FEDERAL STREET 4TH FLOOR
City-State-Zip:	BOSTON MA 02110

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: NATALIE M. LOGAN**SECRETARY****04/03/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date