

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004148

**FILED**  
**Apr 25, 2022**  
**Secretary of State**  
**4054967164CC**

**Entity Name:** POSITIVE PHYSICIANS INSURANCE COMPANY

**Current Principal Place of Business:**

100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
BERWYN, PA 19312

**Current Mailing Address:**

100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
BERWYN, PA 19312 US

**FEI Number:** 83-2897202

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST. (PO BOX 6200 32314-6200)  
TALLAHASSEE, FL 32339 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 CEO, DIRECTOR  
Name SHARPS, LEWIS  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title SECRETARY, DIRECTOR  
Name PENWELL, SCOTT  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title DIRECTOR  
Name JOHNSON, STEPHEN  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title DIRECTOR  
Name HITSELBERGER, WILLIAM  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title DIRECTOR  
Name SUN, JACK  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title DIRECTOR  
Name MCLAUGHLIN, DUNCAN  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title DIRECTOR  
Name REDPATH, ROBERT  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title CFO  
Name KEYSER, MARK J  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

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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:** BRIAN DURKIN

**SVP OF FINANCE**

**04/25/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name POPOLI, MATTHEW T.  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title PRESIDENT  
Name ROQUE, MICHAEL  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title SVP OF FINANCE, TREASURER  
Name DURKIN, BRIAN J  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312

Title COO  
Name CASTELL, KIMBERLY  
Address 100 BERWYN PARK  
850 CASSATT ROAD, SUITE 220  
City-State-Zip: BERWYN PA 19312