

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002101

Entity Name: MANY INSURANCE COMPANY**Current Principal Place of Business:**100 BANK STREET
SUITE 630
BURLINGTON, VT 05401**Current Mailing Address:**100 BANK STREET
SUITE 630
BURLINGTON, VT 05401 US**FEI Number:** 82-4117108**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
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 PRESIDENT, CEO
Name KUHN, KENNETH
Address 100 BANK STREET
 SUITE 630
City-State-Zip: BURLINGTON VT 05401

Title VICE PRESIDENT OPERATIONS
Name ARNOLD, STEVEN
Address 100 BANK STREET
 SUITE 630
City-State-Zip: BURLINGTON VT 05401

Title VICE PRESIDENT ACTUARIAL
Name HALKETT, CHARLOTTE
Address 100 BANK STREET
 SUITE 630
City-State-Zip: BURLINGTON VT 05401

Title VP RISK
Name HILLON, JAMES
Address 100 BANK STREET
 SUITE 630
City-State-Zip: BURLINGTON VT 05401

Title VP
Name JOY, PETER
Address 76 ST PAUL ST STE 500
City-State-Zip: BURLINGTON VT 05401

Title ASST. SECRETARY
Name RUDOLPH, KATHRYN
Address 100 BANK STREET
 SUITE 630
City-State-Zip: BURLINGTON VT 05401

Title VP, TREASURER
Name LIVINGSTON, DEREK
Address 100 BANK STREET
 SUITE 630
City-State-Zip: BURLINGTON VT 05401

Title DIRECTOR
Name MENDEL, STEVEN
Address 100 BANK STREET
 SUITE 630
City-State-Zip: BURLINGTON VT 05401

Continues on page 2

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: PETER JOY

VICE PRESIDENT

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHAPIRO, DAVID
Address	100 BANK STREET SUITE 630
City-State-Zip:	BURLINGTON VT 05401