

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06852

Entity Name: PLYMOUTH ROCK ASSURANCE PREFERRED CORPORATION**Current Principal Place of Business:**50 CHARLES LINDBERGH BOULEVARD
SUITE 401
UNIONDALE, NY 11553**Current Mailing Address:**695 ATLANTIC AVENUE
BOSTON, MA 02111 US**FEI Number:** 13-3801089**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CHAIRMAN, DIRECTOR
Name MCELWEE, ANDREW A.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR, TREASURER
Name HARTRANFT, WILLIAM D.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title SECRETARY
Name DWYER, LAUREN E.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name KIRBY, BRENDAN M.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name GRANAHAHAN, COLLEEN M.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR, CEO, PRESIDENT
Name BOYD, MARY J
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name HILL, JOHN C
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name URIE, SANDRA A.
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

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: LAUREN DWYER**SECRETARY****04/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date