

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90276 001 ***450.00

DOCUMENT # F00000002222

1. Entity Name
MANUFACTURERS ALLIANCE INSURANCE COMPANY



Principal Place of Business
**380 SENTRY PARKWAY
BLUE BELL, PA 19422**

Mailing Address
**380 SENTRY PARKWAY
BLUE BELL, PA 19422**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

23-3086596

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DONNELLY, VINCENT T**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

TITLE **V** ☐ Delete
NAME **BRADY, KEVIN M**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

TITLE **T** ☐ Delete
NAME **HITSELBERGER, WILLIAM E**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

TITLE **V** ☒ Delete
NAME **SMITHSON, JOHN W**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

TITLE **S** ☒ Delete
NAME **SUTHERLAND, BARBARA**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JOHN M. COCHRANE**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

TITLE ☐ Change ☒ Addition
NAME **VITO A. NIGRO**
STREET ADDRESS **380 SENTRY PARKWAY**
CITY-ST-ZIP **BLUE BELL, PA 19422**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Cochrane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08 (610)397-5000

Date

Daytime Phone #