

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006511

**Entity Name:** PMA MANAGEMENT CORP. OF NEW ENGLAND, INC.**Current Principal Place of Business:**180 GLASTONBURY BLVD  
STE 303  
GLASTONBURY, CT 06033**Current Mailing Address:**180 GLASTONBURY BLVD  
STE 303  
GLASTONBURY, CT 06033 US**FEI Number:** 06-0912935**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            MACAULAY, MICHAEL  
Address        380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422Title            VP, ASST. SECRETARY  
Name            MUNOZ, ROBERT B  
Address        380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422Title            ASST. SECRETARY  
Name            CONNER, PATRICK  
Address        380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422Title            SVP  
Name            VEERAMANI, RAM  
Address        380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422Title            SVP, CFO, TREASURER  
Name            BELL, ROBERT S  
Address        380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422Title            SECRETARY, DIRECTOR  
Name            KIBBLEHOUSE, STEPHEN L  
Address        380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422Title            CEO, DIRECTOR  
Name            HOPPER, DEREK R  
Address        380 SENTRY PARKWAY  
City-State-Zip: BLUE BELL PA 19422

*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:** PATRICK CONNER

AVP, ASST SEC

01/27/2025

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