

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006511

Entity Name: PMA MANAGEMENT CORP. OF NEW ENGLAND, INC.**Current Principal Place of Business:**101 BARNES ROAD,
SUITE 300
WALLINGFORD, CT 06492**Current Mailing Address:**101 BARNES ROAD,
SUITE 300
WALLINGFORD, CT 06492 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	P/D
Name	MATHOG, ALAN
Address	101 BARNES ROAD, SUITE 300
City-State-Zip:	WALLINGFORD CT 06492

Title	SVP
Name	WALSH, JAMES
Address	380 SENTRY PARKWAY
City-State-Zip:	BLUE BELL PA 19422

Title	SVP, CFO, TREASURER
Name	BELL, ROBERT S
Address	380 SENTRY PARKWAY
City-State-Zip:	BLUE BELL PA 19422

Title	SECRETARY
Name	KIBBLEHOUSE, STEPHEN L
Address	380 SENTRY PARKWAY
City-State-Zip:	BLUE BELL PA 19422

Title	VP, ASST. SECRETARY
Name	MUNOZ, ROBERT B
Address	380 SENTRY PARKWAY
City-State-Zip:	BLUE BELL PA 19422

Title	SVP
Name	PERNO, DOMINIC
Address	101 BARNES ROAD, SUITE 300
City-State-Zip:	WALLINGFORD CT 06492

Title	CHAIRMAN, CEO
Name	SANTULLI, JOHN III
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: ROBERT B MUNOZ**VP, ASST SECRETARY****02/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date