

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002190

**Entity Name:** THE COMMERCE INSURANCE COMPANY**Current Principal Place of Business:**211 MAIN STREET  
WEBSTER, MA 01570**Current Mailing Address:**211 MAIN STREET  
WEBSTER, MA 01570 US**FEI Number:** 04-2495247**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399-0000 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 CEO, DIRECTOR  
Name TAMAYO, JAIME  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570Title S, DIRECTOR, COO  
Name OLOHAN, DANIEL P  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570Title TREASURER  
Name MECIAK, JOHN  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570Title CFO  
Name AMADORI, JESUS  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570Title CHAIRMAN  
Name BECKER, RANDALL  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570Title DIRECTOR  
Name BRUNDAGE, MAUREEN  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570Title DIRECTOR  
Name MCDONALD, PATRICK  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570Title DIRECTOR  
Name HERNANDEZ, BERNARDO  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570**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:** DANIEL P. OLOHAN

EVP, COO, SECRETARY

04/08/2025

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

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TIMMES, EDWARD  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570

Title DIRECTOR  
Name VILLALONGA, BELEN  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570

Title DIRECTOR  
Name VICEIRA, LUIS  
Address 211 MAIN STREET  
City-State-Zip: WEBSTER MA 01570