

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26819

**Entity Name:** MAPFRE INSURANCE COMPANY**Current Principal Place of Business:**100 CAMPUS DRIVE  
FLORHAM PARK, NJ 07932**Current Mailing Address:**100 CAMPUS DRIVE  
PO BOX 695  
FLORHAM PARK, NJ 07932 US**FEI Number:** 36-3347420**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
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            PRESIDENT, CEO, DIRECTOR

Name            TAMAYO, JAIME

Address        211 MAIN STREET

City-State-Zip: WEBSTER MA 01570

Title            CFO

Name            AMADORI, JESUS

Address        211 MAIN STREET

City-State-Zip: WEBSTER MA 01570

Title            TREASURER

Name            KRISTAL, SHERRI

Address        211 MAIN STREET

City-State-Zip: WEBSTER MA 01570

Title            SECRETARY

Name            SHER, MICHAEL S

Address        211 MAIN STREET

City-State-Zip: WEBSTER MA 01570

Title            ASST. SECRETARY, DIRECTOR

Name            OLOHAN, DANIEL P.

Address        211 MAIN STREET

City-State-Zip: WEBSTER MA 01570

Title            DIRECTOR

Name            TIMMES, EDWARD L.

Address        211 MAIN STREET

City-State-Zip: WEBSTER MA 01570

*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:** MICHAEL SHER**SECRETARY****02/15/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date