Entity Name:	PLYMOUTH ROCK ASSURANCE PREFERRED CORPORATION

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

901 FRANKLIN AVENUE GARDEN CITY, NY 11530

DOCUMENT# P06852

### **Current Mailing Address:**

695 ATLANTIC AVENUE BOSTON, MA 02111 US

### FEI Number: 13-3801089

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

## Officer/Director Detail :

Title	CHAIRMAN	Title	DIRECTOR, TREASURER	
Name	BELODOFF, HAL	Name	HARTRANFT, WILLIAM D.	
Address	695 ATLANTIC AVENUE	Address	695 ATLANTIC AVENUE	
City-State-Zip:	BOSTON MA 02111	City-State-Zip:	BOSTON MA 02111	
Title	SECRETARY	Title	DIRECTOR	
Name	COLLINS, KRISTIN V.	Name	LUONGO, PAUL D	
Address	28 CROSS STREET	Address	695 ATLANTIC AVENUE	
City-State-Zip:	NORWELL MA 02061	City-State-Zip:	BOSTON MA 02111	
Title	DIRECTOR	Title	DIRECTOR, CEO, PRESIDENT	
Title Name	DIRECTOR GRANAHAN, COLLEEN M.	Title Name	DIRECTOR, CEO, PRESIDENT BOYD, MARY J	
Name	GRANAHAN, COLLEEN M. 695 ATLANTIC AVENUE	Name	BOYD, MARY J	
Name Address City-State-Zip:	GRANAHAN, COLLEEN M. 695 ATLANTIC AVENUE BOSTON MA 02111	Name Address	BOYD, MARY J 695 ATLANTIC AVENUE	
Name Address	GRANAHAN, COLLEEN M. 695 ATLANTIC AVENUE BOSTON MA 02111 DIRECTOR	Name Address City-State-Zip:	BOYD, MARY J 695 ATLANTIC AVENUE BOSTON MA 02111	
Name Address City-State-Zip: Title	GRANAHAN, COLLEEN M. 695 ATLANTIC AVENUE BOSTON MA 02111	Name Address City-State-Zip: Title	BOYD, MARY J 695 ATLANTIC AVENUE BOSTON MA 02111 DIRECTOR	
Name Address City-State-Zip: Title Name	GRANAHAN, COLLEEN M. 695 ATLANTIC AVENUE BOSTON MA 02111 DIRECTOR HILL, JOHN C	Name Address City-State-Zip: Title Name	BOYD, MARY J 695 ATLANTIC AVENUE BOSTON MA 02111 DIRECTOR URIE, SANDRA A.	

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: KRISTIN V. COLLINS

SECRETARY

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Secretary of State 0751999010CC

FILED Feb 05, 2021

Certificate of Status Desired: No

Date

Date