

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06852

**FILED  
Apr 21, 2022  
Secretary of State  
2919242827CC**

**Entity Name:** PLYMOUTH ROCK ASSURANCE PREFERRED CORPORATION

**Current Principal Place of Business:**

50 CHARLES LINDBERGH BOULEVARD  
SUITE 401  
UNIONDALE, NY 11553

**Current Mailing Address:**

695 ATLANTIC AVENUE  
BOSTON, MA 02111 US

**FEI Number:** 13-3801089

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name MCELWEE, ANDREW A.  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR, TREASURER  
Name HARTRANFT, WILLIAM D.  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

Title SECRETARY  
Name DWYER, LAUREN E.  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name KIRBY, BRENDAN M.  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name GRANAHAN, COLLEEN M.  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR, CEO, PRESIDENT  
Name BOYD, MARY J  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name HILL, JOHN C  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name URIE, SANDRA A.  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

*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:** LAUREN DWYER

**SECRETARY**

**04/21/2022**

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

\_\_\_\_\_  
Date