

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840137

Entity Name: ATHOME INSURANCE COMPANY

Current Principal Place of Business:

581 MAIN STREET
SUITE 400
WOODBIDGE, NJ 07095

Current Mailing Address:

581 MAIN STREET
SUITE 400
WOODBIDGE, NJ 07095 US

FEI Number: 02-0227294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 DIRECTOR, PRESIDENT, CEO AND
CHAIRMAN OF THE BOARD
Name LEEDS, ANDREW J
Address 695 ATLANTIC AVENUE
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name EISENBERG, RICHARD D
Address 335 MADISON AVENUE
9TH FLOOR
City-State-Zip: NEW YORK CITY NY 10017

Title DIRECTOR
Name KLEIN, STEVEN N
Address 114 JUNIPER HILL ROAD
PO BOX 286
City-State-Zip: MILL RIVER MA 01244

Title SECRETARY
Name EASTON, ROBERT H
Address 581 MAIN STREET
SUITE 400
City-State-Zip: WOODBRIDGE NJ 07095

Title TREASURER
Name NIGRO, VITO A
Address 581 MAIN STREET
SUITE 400
City-State-Zip: WOODBRIDGE NJ 07095

Title ASSISTANT SECRETARY
Name BANAHAN, BONNIE L
Address 581 MAIN STREET
SUITE 400
City-State-Zip: WOODBRIDGE NJ 07095

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: BONNIE BANAHAN

ASSISTANT SECRETARY 02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date