

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 840137

**Entity Name:** @HOME 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:** Yes

**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 BARRETT, DANIEL C  
Address 695 ATLANTIC AVENUE  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name EISENBERG, RICHARD D  
Address 707 WESTCHESTER AVENUE  
SUITE 300  
City-State-Zip: WHITE PLAINS NY 10604

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

Title SECRETARY  
Name BAUMGARTNER, HARRY M  
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

**LEGAL ASSISTANT**

**04/09/2021**

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

\_\_\_\_\_  
Date