

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083320

Entity Name: PURE INSURANCE COMPANY**Current Principal Place of Business:**44 SOUTH BROADWAY 301
WHIE PLAINS,, NY 10601**Current Mailing Address:**44 SOUTH BROADWAY
301
WHITE PLAINS, NY 10601**FEI Number:** 84-1699173**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 DIRECTOR
Name WILLIAMS, CHRIS
Address 44 SOUTH BROADWAY 301
City-State-Zip: WHIE PLAINS, NY 10601

Title DIRECTOR
Name SCHELL, MICHAEL J
Address 44 SOUTH BROADWAY 301
City-State-Zip: WHIE PLAINS, NY 10601

Title DIRECTOR
Name YAMAMOTO, KICKIICHIRO
Address 44 SOUTH BROADWAY 301
City-State-Zip: WHIE PLAINS, NY 10601

Title TREASURER, CFO, DIRECTOR
Name PARASCHAC , JEFFREY
Address 300 COLONIAL CENTER PARKWAY
SUITE 200
City-State-Zip: ROSWELL GA 30076

Title DIRECTOR
Name RIVERA, SUSAN
Address 44 SOUTH BROADWAY 301
City-State-Zip: WHIE PLAINS, NY 10601

Title DIRECTOR, CEO
Name LEITCH, MARTIN
Address 44 SOUTH BROADWAY 301
City-State-Zip: WHIE PLAINS, NY 10601

Title DIRECTOR
Name KOIKE, MASAHIRO
Address 44 SOUTH BROADWAY 301
City-State-Zip: WHIE PLAINS, NY 10601

Title SECRETARY
Name RASLOWSKY , KIRK
Address 300 COLONIAL CENTER PARKWAY
SUITE 200
City-State-Zip: ROSWELL GA 30076

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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: KIRK RASLOWSKY**SECRETARY****03/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, DIRECTOR
Name LOGAN, DAVID
Address 44 SOUTH BROADWAY 301
City-State-Zip: WHIE PLAINS, NY 10601

Title DIRECTOR
Name MCGAVICK, MIKE
Address 44 SOUTH BROADWAY 301
City-State-Zip: WHIE PLAINS, NY 10601