

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 801803

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**9383139086CC**

**Entity Name:** GRANITE STATE INSURANCE COMPANY

**Current Principal Place of Business:**

500 WEST MADISON STREET  
SUITE 3000  
CHICAGO, IL 60661

**Current Mailing Address:**

1271 AVENUE OF THE AMERICAS  
37TH FLOOR  
NEW YORK, NY 10020 US

**FEI Number:** 02-0140690

**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 SECRETARY  
Name KENT, TANYA E.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title TREASURER  
Name HIRSCH, MARILYN V.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title PRESIDENT, DIRECTOR  
Name MCELROY, DAVID H.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR  
Name MCCLEEREY, KYM A.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR  
Name KIRCHGESSNER, JOSEPH MICHAEL  
Address 500 WEST MADISON STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name FISH, BRIAN  
Address 500 WEST MADISON STREET  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name RIEGLER, KENNETH  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR  
Name CONNOLLY, THOMAS C.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

**Continues on page 2**

*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:** TANYA E. KENT

**SECRETARY**

**04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FITZPATRICK, JOSEPH A.  
Address        500 WEST MADISON STREET  
                 SUITE 3000  
City-State-Zip: CHICAGO IL 60661