#### **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 814060** 

**Entity Name: NEW HAMPSHIRE INSURANCE COMPANY** 

FILED
Apr 18, 2023
Secretary of State
0344271927CC

# **Current Principal Place of Business:**

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

### **Current Mailing Address:**

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

FEI Number: 02-0172170 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

Electronic Signature of 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:

\_\_\_\_\_

Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name KENT, TANYA E. Name RIEGLER, KENNETH

Address 1271 AVENUE OF THE AMERICAS Address 1271 AVENUE OF THE AMERICAS

City-State-Zip: NEW YORK NY 10020 City-State-Zip: NEW YORK NY 10020

Title TREASURER Title DIRECTOR

Name HIRSCH, MARILYN V. Name FITZPATRICK, JOSEPH A.

Address 1271 AVENUE OF THE AMERICAS Address 500 WEST MADISON STREET,

SUITE 3000

Title

City-State-Zip: NEW YORK NY 10020 City-State-Zip: CHICAGO IL 60661

Title DIRECTOR

Name CONNOLLY, THOMAS C. Name MCELROY, DAVID H.

Address 1271 AVENUE OF THE AMERICAS Address 1271 AVENUE OF THE AMERICAS

City-State-Zip: NEW YORK NY 10020 City-State-Zip: NEW YORK NY 10020

Title DIRECTOR Title DIRECTOR

Name FISH, BRIAN Name KIRCHGESSNER, JOSEPH MICHAEL

Address 500 WEST MADISON STREET Address 500 WEST MADISON STREET

City-State-Zip: CHICAGO IL 60661 City-State-Zip: CHICAGO IL 60661

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PRESIDENT, DIRECTOR

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

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name MCCLEEREY, KYM A.

Address 1271 AVENUE OF THE AMERICAS

City-State-Zip: NEW YORK NY 10020