2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840137

Entity Name: ATHOME INSURANCE COMPANY

Current Principal Place of Business:

581 MAIN STREET SUITE 400

WOODBRIDGE, NJ 07095

Current Mailing Address:

581 MAIN STREET SUITE 400 WOODBRIDGE, 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

FILED Feb 13, 2024

Secretary of State

3107436781CC

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 KLEIN, STEVEN N

Address 114 JUNIPER HILL ROAD

PO BOX 286

City-State-Zip: MILL RIVER MA 01244

Title TREASURER
Name NIGRO, VITO A

Address 581 MAIN STREET

SUITE 400

City-State-Zip: WOODBRIDGE NJ 07095

Title DIRECTOR

Name EISENBERG, RICHARD D

Address 335 MADISON AVENUE

9TH FLOOR

City-State-Zip: NEW YORK CITY NY 10017

Title SECRETARY

Address

Address

Name EASTON, ROBERT H

581 MAIN STREET

SUITE 400

City-State-Zip: WOODBRIDGE NJ 07095

Title ASSISTANT SECRETARY

Name BANAHAN, BONNIE L

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 Date