

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001945

**FILED**  
**Apr 28, 2021**  
**Secretary of State**  
**5839565543CC**

**Entity Name:** FLETCHER REINSURANCE COMPANY

**Current Principal Place of Business:**

475 KILVERT STREET  
SUITE 330  
WARWICK, RI 02886

**Current Mailing Address:**

475 KILVERT STREET  
SUITE 330  
WARWICK, RI 02886 US

**FEI Number:** 43-1898350

**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 CFO, DIRECTOR

Name MIU, JENNIFER

Address 411 5TH AVENUE  
5TH FLOOR

City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, SVP

Name REDPATH, ROBERT

Address 411 5TH AVENUE  
5TH FLOOR

City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, CHAIRMAN, CEO,  
PRESIDENT

Name SEELINGER, RICHARD

Address 1111 THIRD AVENUE  
SUITE 1450

City-State-Zip: SEATTLE WA 98101

Title DIRECTOR, SVP

Name SHEEHAN, MICHAEL

Address 411 5TH AVENUE  
5TH FLOOR

City-State-Zip: NEW YORK NY 10016

Title DIRECTOR, SVP-TAX OFFICER

Name KOLKER, VYACHESLAV

Address HARBORSIDE 5- 185 HUDSON  
STREET  
SUITE 2600

City-State-Zip: JERSEY CITY NJ 07311

Title DIRECTOR, TREASURER, SVP

Name REALI, TERESA

Address 475 KILVERT STREET  
SUITE 330

City-State-Zip: WARWICK RI 02886

Title VP, DIRECTOR

Name FLETCHER, SHARON

Address 475 KILVERT STREET  
SUITE 330

City-State-Zip: WARWICK RI 02886

Title ASST. SECRETARY

Name STAVENHAGEN, NADJA

Address 411 5TH AVENUE, 5TH FLOOR

City-State-Zip: NEW YORK NY 10016

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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:** NADJA STAVENHAGEN

**ASSISTANT SECRETARY** 04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NORRINGTON, STEVE  
Address        150 2ND AVENUE NORTH  
                  3RD FLOOR  
City-State-Zip: ST. PETERSBURG FL 33701

Title           DIRECTOR, SVP  
Name           KERN, MARK A.  
Address        411 FIFTH AVENUE  
                  5TH FLOOR  
City-State-Zip: NEW YORK NY 10016