

FD8888881882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

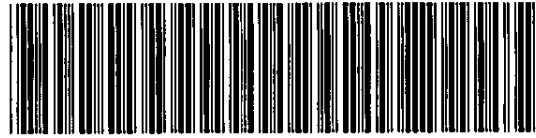
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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2008 APR 22 PM 4: 16

MRS
4/23

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

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Account Number FCA000000017

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date:

4/22/08

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 (direct)
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

Corporation Name:

CastlePoint Insurance Company

Entity Number (if applicable):

Authorization:

Kim Pullen

Certified Copy

Certificate of Status

New Filings

Plain Stamped Copy

Annual Report

Fictitious Name

Amendments

Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

() Mail Out

CF Internal Use Only

Client: 53067 Matter: 33482

Name: KCB Office: TLH

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CastlePoint Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. 16-1189206

(FEI number, if applicable)

4. 2/19/93

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. none

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 120 Broadway, 30th Floor, New York, NY 10271

(Principal office address)

120 Broadway, 30th Floor, New York, NY 10271

(Current mailing address)

8. transaction of insurance and reinsurance

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CFRA, LLC

Office Address: 4221 West Boy Scout Blvd., 10th Floor

Tampa

(City)

, Florida 33607

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kelm
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: *SEE ATTACHED*

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: *SEE ATTACHED*

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Roger A Brown*

(Signature of Director or Officer listed in number 12 of the application)

14. Roger A. Brown, Secretary and General Counsel

(Typed or printed name and capacity of person signing application)

DIRECTORS

Michael H. Lee
120 Broadway, 30th Floor
New York, NY 10271

Gregory T. Doyle
120 Broadway, 30th Floor
New York, NY 10271

Joel S. Weiner
120 Broadway, 30th Floor
New York, NY 10271

Richard Barrow
120 Broadway, 30th Floor
New York, NY 10271

Robert W. Hedges
120 Broadway, 30th Floor
New York, NY 10271

Edward Pu
120 Broadway, 30th Floor
New York, NY 10271

Roger Brown
120 Broadway, 30th Floor
New York, NY 10271

James Dulligan
120 Broadway, 30th Floor
New York, NY 10271

James Parylak
120 Broadway, 30th Floor
New York, NY 10271

Joseph P. Beitz
120 Broadway, 30th Floor
New York, NY 10271

David Shifton
120 Broadway, 30th Floor
New York, NY 10271

Richard Weidman
120 Broadway, 30th Floor
New York, NY 10271

Daniel Trucano
120 Broadway, 30th Floor
New York, NY 10271

OFFICERS

CEO: Michael H. Lee
120 Broadway, 30th Floor
New York, NY 10271

President: Gregory T. Doyle
120 Broadway, 30th Floor
New York, NY 10271

Sr. VP & CFO: Joel S. Weiner
120 Broadway, 30th Floor
New York, NY 10271

Sr. VP & CFO: Richard Barrow
120 Broadway, 30th Floor
New York, NY 10271

Managing VP, UW: Robert W. Hedges
120 Broadway, 30th Floor
New York, NY 10271

**Secretary &
General Counsel:** Roger A. Brown
120 Broadway, 30th Floor
New York, NY 10271

**VP, Controller &
Treasurer:** James Dulligan
120 Broadway, 30th Floor
New York, NY 10271

**AVP & Assistant
Controller:** Edward Pu
120 Broadway, 30th Floor
New York, NY 10271

VP, CIO: James Parylak
120 Broadway, 30th Floor
New York, NY 10271

VP, Marketing: Richard Weidman
120 Broadway, 30th Floor
New York, NY 10271

Certificate of Good Standing

STATE OF NEW YORK
INSURANCE DEPARTMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

It is hereby certified that

CASTLEPOINT INSURANCE COMPANY

of New York, New York

was incorporated under the Laws of the State of New York on February 19, 1993, under the title of SURETY REINSURANCE COMPANY and was licensed to transact insurance business in the State of New York on February 19, 1993 ;

that it changed its name to MIX INSURANCE COMPANY OF NEW YORK on September 22, 1998;

that it changed its name to TOWER INDEMNITY COMPANY OF AMERICA on August 17, 2006;

that it changed its name to CASTLEPOINT INSURANCE COMPANY on February 8, 2007.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, motor vehicle and aircraft physical damage and marine and inland marine(inland only) insurance as specified in the paragraph(s) 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 19 and 20 of Section 1113(a) of the New York Insurance Law, and has been continuously licensed and remains in good standing to the date of this certificate.

IT IS HEREBY FURTHER CERTIFIED that the charter document of the Company has been amended by the approval and filing in this Department of the following documents:

| | |
|--------------|--------------------|
| Amendment on | September 22, 1998 |
| Amendment on | April 20, 1999 |
| Amendment on | September 22, 1998 |
| Amendment on | April 20, 1999 |
| Amendment on | August 17, 2006 |
| Amendment on | February 08, 2007 |



Certificate of Good Standing

STATE OF NEW YORK
INSURANCE DEPARTMENT



IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the official seal of this Department
at the City of Albany, New York, this
20th day of March, 2007

ERIC R. DINALLO
Acting Superintendent

By

A handwritten signature in cursive script, appearing to read "Sebastien Costigliola".

Special Deputy Superintendent

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TALLAHASSEE, FLORIDA