

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001802

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: CASTLEPOINT INSURANCE COMPANY

**Current Principal Place of Business:**

120 BROADWAY, 31ST FLOOR  
NEW YORK, NY 10271

**New Principal Place of Business:**

**Current Mailing Address:**

120 BROADWAY, 31ST FLOOR  
NEW YORK, NY 10271

**New Mailing Address:**

FEI Number: 16-1189206      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CFRA, LLC  
4221 WEST BOY SCOUT BLVD  
10TH FLOOR  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: LEE, MICHAEL H  
Address: 120 BROADWAY, 31ST FLOOR  
City-St-Zip: NEW YORK, NY 10271

Title: CFO  
Name: HITSSELBERGER, BILL  
Address: 120 BROADWAY, 31ST FLOOR  
City-St-Zip: NEW YORK, NY 10271

Title: VPD  
Name: WEINER, JOEL S  
Address: 120 BROADWAY, 31ST FLOOR  
City-St-Zip: NEW YORK, NY 10271

Title: VSD  
Name: OROL, ELLIOT S  
Address: 120 BROADWAY, 31ST FLOOR  
City-St-Zip: NEW YORK, NY 10271

Title: VPD  
Name: FINKELSTEIN, BRIAN W  
Address: 120 BROADWAY, 31ST FLOOR  
City-St-Zip: NEW YORK, NY 10271

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: BRIAN FINKELSTEIN

VPD

04/28/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date