

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001802

FILED
Jan 10, 2012
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:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

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: RUTH OREN

AVP

01/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date