


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ~~F.W. 520~~

14 OCT 30 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F08000001802					
1. Corporation Name CastlePoint Insurance Company					
2. Principal Office Address - No P.O. Box # 59 Maiden Lane Suite, Apt. #, etc. 38th Floor City & State New York, NY Zip 10038			3. Mailing Office Address 59 Maiden Lane Suite, Apt. #, etc. 38th Floor City & State New York, NY Zip 10038		
Country USA			Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 4/22/2008					
5. FEI Number 161189206				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name CHIEF FINANCIAL OFFICER					
Street Address (P.O. Box Number is Not Acceptable) 200 E. GAINES ST.					
Suite, Apt. #, Etc.					
City TALLAHASSEE			State FL	Zip Code 32399	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <i>Meryl Whener</i>			Date 10/30/2014		
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
List attached.					
REINSTATEMENT				OCT 30 2014	
				R. HUNT	
10. E-mail Address: <u>Meghan.Zeigler@ngic.com</u> (To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: <i>Meghan Zeigler</i>		Meghan Zeigler		Assistant Secretary	10/29/14 (212) 430-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #		

Addendum to Item 9
CastlePoint Insurance Company

9. Names and Street Addresses of Each Officer and/or Director

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director President/Treasurer	William Hitzelberger	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Michael Karfunkel	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director Secretary	Robert Karfunkel	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Herbert Lemmer	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Jon Shebel	c/o 59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Eli Tisser	c/o 59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Stephen Ungar	59 Maiden Ln., 43 rd Fl.	New York, NY 10038
Vice President	Brian Finkelstein	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Assistant Secretary	Meghan Zeigler	59 Maiden Ln., 38 th Fl.	New York, NY 10038

OCT 30 2014

R. HUNT



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 357884 7962773
AUTHORIZATION : [Signature]
COST LIMIT : \$ 750.00

ORDER DATE : October 30, 2014
ORDER TIME : 3:48 PM
ORDER NO. : 357884-015
CUSTOMER NO: 7962773

REINSTATEMENT

NAME: CASTLEPOINT INSURANCE COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

OCT 30 2014

EXAMINER'S INITIALS R. HUNT

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 OCT 30 PM 4:26
TO RECEIVE SUFFICIENT OF FILING