

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000948

FILED
Mar 17, 2011
Secretary of State

Entity Name: CASTLEPOINT FLORIDA INSURANCE COMPANY

Current Principal Place of Business:

300 WEST CYPRESS CREEK ROAD
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

300 WEST CYPRESS CREEK ROAD
FT LAUDERDALE, FL 33309

New Mailing Address:

120 BROADWAY, 31ST FL
NEW YORK, NY 10271

FEI Number: 26-3909921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO 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 FL
City-St-Zip: NEW YORK, NY 10271

Title: VPD
Name: DULLIGAN, JAMES
Address: 13 LAKESHORE BOULEVARD
City-St-Zip: MASSAPEQUA, NY 11758

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

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

Title: VPD
Name: WEINER, JOEL S
Address: 155 WEST 68TH STREET, APT 32C
City-St-Zip: NEW YORK, NY

Title: VPD
Name: FINKELSTEIN, BRIAN W
Address: 120 BROADWAY, 31ST FL
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 FINKLESTEIN

VPD

03/17/2011

Electronic Signature of Signing Officer or Director

Date