

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000948

FILED
Feb 09, 2012
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:

500 WEST CYPRESS CREEK ROAD
FT LAUDERDALE, FL 33309

Current Mailing Address:

120 BROADWAY, 31ST FL
NEW YORK, NY 10271

New Mailing Address:

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: CFO
Name: HITSSELBERGER, 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: 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: RUTH OREN

_____ Electronic Signature of Signing Officer or Director

AVP

02/09/2012

_____ Date