

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40558

FILED
Jan 10, 2012
Secretary of State

Entity Name: CASTLEPOINT NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

222 S. RIVERSIDE PLAZA
SUITE 1600
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

222 S. RIVERSIDE PLAZA
SUITE 1600
CHICAGO, IL 60606 US

New Mailing Address:

120 BROADWAY
31ST FLOOR
NEW YORK, NY 10271 US

FEI Number: 23-2182777

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 323990000 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: PCEO
Name: LEE, MICHAEL H
Address: 120 BROADWAY, 31ST FLOOR
City-St-Zip: NEW YORK, NY 10271 US

Title: CFOD
Name: HITSSELBERGER, WILLIAM E
Address: 120 BROADWAY, 31ST FLOOR
City-St-Zip: NEW YORK, NY 10271 US

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

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