

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44312

Entity Name: SHELTERPOINT INSURANCE COMPANY**Current Principal Place of Business:**100 EAST FLAGLER STREET
MIAMI, FL 33131**Current Mailing Address:**600 NORTHERN BLVD.
SUITE 310
GREAT NECK, NY 11021**FEI Number:** 86-0367818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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:** CT CORPORATION SYSTEM

02/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, CFO
Name WALLACH, BRUCE L
Address 600 NORTHERN BLVD., SUITE 310
City-State-Zip: GREAT NECK NY 11021

Title D, COO
Name LAPPAS, CONSTANTINE T
Address 600 NORTHERN BLVD., SUITE 310
City-State-Zip: GREAT NECK NY 11021

Title D, CHIEF LEGAL OFFICER,
SECRETARY
Name MELMAN, DAVID G
Address 600 NORTHERN BLVD.
SUITE 310
City-State-Zip: GREAT NECK NY 11021

Title D, TREASURER
Name HARTMANN, LEE T
Address 600 NORTHERN BLVD.
SUITE 310
City-State-Zip: GREAT NECK NY 11021

Title D, PRESIDENT, CEO
Name WHITE, RICHARD A
Address 600 NORTHERN BLVD.
310
City-State-Zip: GREAT NECK NY 11021

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: DAVID G. MELMAN**CHIEF LEGAL OFFICER, 02/14/2014**
SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date