

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44312

Entity Name: SHELTERPOINT INSURANCE COMPANY**Current Principal Place of Business:**515 N. FLAGLER DRIVE
SUITE 1400
WEST PALM BEACH, FL 33401**Current Mailing Address:**1225 FRANKLIN AVENUE
SUITE 475
GARDEN CITY, NY 11530 US**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

04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D, CEO
Name	WHITE, RICHARD A
Address	1225 FRANKLIN AVENUE SUITE 475
City-State-Zip:	GARDEN CITY NY 11530
Title	DIRECTOR
Name	MCAULIFFE, KATHLEEN A
Address	1225 FRANKLIN AVENUE SUITE 475
City-State-Zip:	GARDEN CITY NY 11530
Title	DCFO
Name	MODI, SHAILESH
Address	1225 FRANKLIN AVENUE SUITE 475
City-State-Zip:	GARDEN CITY NY 11530

Title	D, SECRETARY
Name	MELMAN, DAVID G
Address	1225 FRANKLIN AVENUE SUITE 475
City-State-Zip:	GARDEN CITY NY 11530
Title	DCAO
Name	LASKO, JAMES R
Address	1225 FRANKLIN AVENUE SUITE 475
City-State-Zip:	GARDEN CITY NY 11530

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**

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date