2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2015
Secretary of State
CC2869382982

DOCUMENT# J44312

Entity Name: SHELTERPOINT INSURANCE COMPANY

Current Principal Place of Business:

1555 PALM BEACH LAKES BLVD. SUITE 1510
WEST PALM BEACH, FL 33401

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 01/13/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D, CEO	Title	D, CFO, TREASURER
Name	WHITE, RICHARD A	Name	WALLACH, BRUCE L
Address	600 NORTHERN BOULEVARD,SUITE 310	Address	600 NORTHERN BOULEVARD,SUITE 310
City-State-Zip:	GREAT NECK NY 11021	City-State-Zip:	GREAT NECK NY 11021
Title	D, COO	Title	D, SECRETARY
Name	LAPPAS, CONSTANTINE T	Name	MELMAN, DAVID G
Address	600 NORTHERN BOULEVARD,SUITE 310	Address	600 NORTHERN BOULEVARD,SUITE 310
City-State-Zip:	GREAT NECK NY 11021	City-State-Zip:	GREAT NECK NY 11021
Title	D		
Name	HARTMANN, LEE T		
Address	600 NORTHERN BOULEVARD SUITE 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 & SECRETARY 01/13/2015

Electronic Signature of Signing Officer/Director Detail — Date