2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2021
Secretary of State
1634869961CC

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 03/17/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D, CEO	Title	D, SECRETARY
Name	WHITE, RICHARD A	Name	MELMAN, DAVID G
Address	1225 FRANKLIN AVENUE SUITE 475	Address	1225 FRANKLIN AVENUE SUITE 475
City-State-Zip:	GARDEN CITY NY 11530	City-State-Zip:	GARDEN CITY NY 11530
Title	DIRECTOR	Title	DCAO
Name	MCAULIFFE, KATHLEEN A	Name	LASKO, JAMES R
Address	1225 FRANKLIN AVENUE SUITE 475	Address	1225 FRANKLIN AVENUE SUITE 475
City-State-Zip:	GARDEN CITY NY 11530	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		

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 MELMAN SECRETARY 03/17/2021

Electronic Signature of Signing Officer/Director Detail — Date