

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 25, 2013
Secretary of State
CC2864795063

Entity Name: CASTLEPOINT RISK MANAGEMENT OF FLORIDA, CORP.

Current Principal Place of Business:

500 WEST CYPRESS CREEK RD SUITE 500
FORT LAUDERDALE, FL 33309

Current Mailing Address:

500 WEST CYPRESS CREEK RD SUITE 500
FORT LAUDERDALE, FL 33309 US

FEI Number: 94-3447087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELDON, ANDREW
500 WEST CYPRESS CREEK RD SUITE 500
FORT LAUDERDALE, FL 33309 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: ANDREW WELDON

01/25/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PT
Name SMEDES, BRONWYN J
Address 120 BROADWAY 30TH FLOOR
City-State-Zip: NEW YORK NY 10271

Title S
Name ROBERTS, JAMES
Address 500 WEST CYPRESS CREEK RD
SUITE 500
City-State-Zip: FORT LAUDERDALE FL 33309

Title D
Name LEE, MICHAEL H
Address 120 BROADWAY, 31ST FLOOR
City-State-Zip: NEW YORK NY 10271

Title D
Name MAIER, GARY S
Address 120 BROADWAY, 31ST FLOOR
City-State-Zip: NEW YORK NY 10271

Title PCOO
Name ROBERTS, JAMES E
Address 3000 W CYPRESS CREEK RD
City-State-Zip: FORT LAUDERDALE FL 33309

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: JAMES ROBERTS

SECRETARY

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date