

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092371

Entity Name: CASTLEPOINT RISK MANAGEMENT OF FLORIDA, CORP.

Current Principal Place of Business:

59 MAIDEN LANE
38TH FLOOR
NEW YORK, NY 10038

Current Mailing Address:

59 MAIDEN LANE
38TH FLOOR
NEW YORK, NY 10038 US

FEI Number: 94-3447087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
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: ANDREW WELDON

01/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPT
Name HITSELBERGER, WILLIAM E
Address 59 MAIDEN LANE, 38TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title D
Name LEMMER, HERBERT J
Address 59 MAIDEN LANE, 38TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title S
Name KARFUNKEL, ROBERT M
Address 59 MAIDEN LANE, 38TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title AS
Name ZEIGLER, MEGHAN
Address 59 MAIDEN LANE, 38TH FLOOR
City-State-Zip: NEW YORK NY 10038

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: MEGHAN ZEIGLER

ASSISTANT SECRETARY 01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date