

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 30301 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:** CARINA L. DUNLAP

01/08/2016

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**ASST. SECRETARY**

01/08/2016

Electronic Signature of Signing Officer/Director Detail

Date