

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000948

Entity Name: CASTLEPOINT FLORIDA INSURANCE COMPANY

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

FEI Number: 26-3909921

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name KARFUNKEL, MICHAEL
Address 59 MAIDEN LANE, 38TH FL
City-State-Zip: NEW YORK NY 10038

Title D
Name SHEBEL, JON L
Address 59 MAIDEN LANE, 38TH FL
City-State-Zip: NEW YORK NY 10038

Title D
Name UNGAR, STEPHEN
Address 59 MAIDEN LANE, 38TH FL
City-State-Zip: NEW YORK NY 10038

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

Title ASSISTANT SECRETARY
Name ZEIGLER, MEGHAN E
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