

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000090784

Entity Name: TOWER HILL SIGNATURE INSURANCE HOLDINGS, INC.**Current Principal Place of Business:**7201 NW 11TH PLACE
GAINESVILLE, FL 32605**Current Mailing Address:**7201 NW 11TH PLACE
GAINESVILLE, FL 32605**FEI Number: 27-3916384****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROWE, SCOTT P
7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605 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	D, CEO
Name	SHIVELY, WILLIAM J
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	CURRAN, JOEL
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	BENSON, KEYTON
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	D, PRESIDENT
Name	MATZ, DONALD C JR.
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	DOAK, MICHAEL
Address	12 CROW LANE
City-State-Zip:	PEMBROKE, HM 19, BERMUDA, BM XXXXX

Title	COO
Name	DIMARTINO, JOSEPH F
Address	7201 NW 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	TREASURER
Name	BUSSEY, BENJAMIN L III
Address	7201 NW 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	SECRETARY
Name	ROWE, SCOTT P
Address	7201 NW 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

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: WILLIAM J. SHIVELY**CEO****02/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date