

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000210250

**Entity Name:** PLUTUS INSURANCE HOLDINGS, LLC

**Current Principal Place of Business:**

300 FIRST AVENUE SOUTH  
SUITE 401  
ST. PETERSBURG, FL 33701

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**7304673913CC**

**Current Mailing Address:**

300 FIRST AVENUE SOUTH  
SUITE 401  
ST. PETERSBURG, FL 33701 US

**FEI Number: 81-5225095**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

POPP, NICHOLAS  
300 FIRST AVENUE SOUTH  
SUITE 401  
ST. PETERSBURG, FL 33701 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: NICHOLAS POPP**

**04/03/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHAIRMAN, MANAGER, CEO  
Name CARMILANI, SCOTT A  
Address 515 N FLAGLER DR.  
STE. 1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name POLLACK, EMILY  
Address 499 PARK AVENUE, 21ST FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MGR  
Name CORNELL, HENRY  
Address 499 PARK AVENUE, 21ST FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MGR  
Name DRUCKER, RICHARD  
Address 499 PARK AVENUE, 21ST FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MGR  
Name COUGHLIN, JOSEPH  
Address 499 PARK AVENUE, 21ST FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MGR  
Name CARBONE, RICHARD  
Address 499 PARK AVENUE, 21ST FLOOR  
City-State-Zip: NEW YORK NY 10022

Title SECRETARY, GENERAL COUNSEL  
Name POPP, NICHOLAS G  
Address 300 FIRST AVENUE SOUTH  
SUITE 401  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR  
Name WATT, TAYLOR J  
Address 499 PARK AVENUE, 21ST FLOOR  
City-State-Zip: NEW YORK NY 10022

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*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NICHOLAS POPP**

**SECRETARY**

**04/03/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title            PRESIDENT, CFO  
Name            BASSALINE, PAUL W  
Address         515 N FLAGLER DR  
                  SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title            MGR  
Name            MILLETTE, MICHAEL  
Address         2187 ATLANTIC ST  
                  4TH FLOOR  
City-State-Zip: STAMFORD CT 06902

Title            CONTROLLER  
Name            CAREY, TIMOTHY  
Address         300 FIRST AVENUE SOUTH  
                  SUITE 401  
City-State-Zip: ST. PETERSBURG FL 33701

Title            MGR  
Name            BUSH, STEPHANIE  
Address         690 ASYLUM AVE  
City-State-Zip: HARTFORD CT 06155

Title            EVP  
Name            RUSSELL, STEPHEN  
Address         515 N FLAGLER DR  
                  SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401