

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000006912

**Entity Name:** ASSURANT CAPITAL GROUP LLC

**Current Principal Place of Business:**

175 CROSSWAYS PARK WEST  
WOODBURY, NY 11797

**Current Mailing Address:**

175 CROSSWAYS PARK WEST  
WOODBURY, NY 11797

**FEI Number:** 47-0970050

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title P  
Name GOLDRING, DAVID J  
Address 175 CROSSWAYS PARK WEST  
City-State-Zip: WOODBURY NY 11797

Title VP  
Name CHAISTY, CHRISTOPHER  
Address 175 CROSSWAYS PARK WEST  
City-State-Zip: WOODBURY NY 11797

Title S  
Name BLACK, II, JAMES M  
Address 175 CROSSWAYS PARK WEST  
City-State-Zip: WOODBURY NY 11797

Title T  
Name SMITH, EDWARD A  
Address 175 CROSSWAYS PARK WEST  
City-State-Zip: WOODBURY NY 11797

*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:** DAVID J GOLDRING

P

03/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date