2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001802

Entity Name: CASTLEPOINT 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: 16-1189206 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 GAINES STREET 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

FILED Jan 13, 2015

Secretary of State

CC7455883383

Officer/Director Detail:

Title DPT Title D

NameHITSELBERGER, WILLIAMNameKARFUNKEL, MICHAELAddress59 MAIDEN LN, 38TH FLAddress59 MAIDEN LN, 38TH FLCity-State-Zip:NEW YORK NY 10038City-State-Zip:NEW YORK NY 10038

Title DS Title D

NameKARFUNKEL, ROBERTNameLEMMER, HERBERTAddress59 MAIDEN LN, 38TH FLAddress59 MAIDEN LN, 38TH FLCity-State-Zip:NEW YORK NY 10038City-State-Zip:NEW YORK NY 10038

Title D Title D

Name SHEBEL, JON Name TISSER, ELI

Address 59 MAIDEN LN, 38TH FL

City-State-Zip: NEW YORK NY 10038

Address 59 MAIDEN LN, 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