

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P40558

**Entity Name:** CASTLEPOINT NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

59 MAIDEN LANE  
38TH FLOOR  
NEW YORK, NY 10038

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC9804563805**

**Current Mailing Address:**

59 MAIDEN LANE  
38TH FLOOR  
NEW YORK, NY 10038 US

**FEI Number:** 23-2182777

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 S  
Name KARFUNKEL, ROBERT M  
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 TISSER, ELI  
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 ASSISTANT SECRETARY  
Name ZEIGLER, MEGHAN  
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** 05/01/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date