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ACCOUNT FILING COVER SHEET

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Account Number FCA000000017

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TALLAHASSEE, FLORIDA

Date:

4/22/08

Requestor Name: Carlton Fields

Address: Post Office Box 190  
Tallahassee, Florida 32302

Telephone: (850) 513-3619 (direct)  
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

Corporation Name:

CastlePoint Insurance Company

Entity Number (if applicable):

Authorization:

Kim Pullen

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Certificate of Status

☐ Annual Report

☐ Registration

☐ Plain Stamped Copy

☐ Amendments

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( X ) Call if Problem

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Client: 53067 Matter: 33482

Name: KCB Office: TLH

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. CastlePoint Insurance Company**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. New York**

(State or country under the law of which it is incorporated)

**3. 16-1189206**

(FEI number, if applicable)

**4. 2/19/93**

(Date of incorporation)

**5. perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. none**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 120 Broadway, 30th Floor, New York, NY 10271**

(Principal office address)

**120 Broadway, 30th Floor, New York, NY 10271**

(Current mailing address)

**8. transaction of insurance and reinsurance**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **CFRA, LLC**

Office Address: **4221 West Boy Scout Blvd., 10th Floor**

**Tampa**

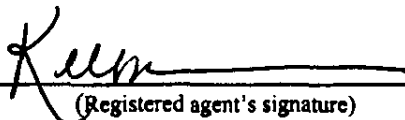
(City)

**, Florida 33607**

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \*SEE ATTACHED\*

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \*SEE ATTACHED\*

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Roger A. Brown

(Signature of Director or Officer listed in number 12 of the application)

14. Roger A. Brown, Secretary and General Counsel

(Typed or printed name and capacity of person signing application)

## **DIRECTORS**

Michael H. Lee  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Gregory T. Doyle  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Joel S. Weiner  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Richard Barrow  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Robert W. Hedges  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Edward Pu  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Roger Brown  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

James Dulligan  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

James Parylak  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Joseph P. Beitz  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

David Shifton  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Richard Weidman  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

Daniel Trucano  
120 Broadway, 30<sup>th</sup> Floor  
New York, NY 10271

## **OFFICERS**

<b>CEO:</b>	<b>Michael H. Lee 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>President:</b>	<b>Gregory T. Doyle 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>Sr. VP &amp; CFO:</b>	<b>Joel S. Weiner 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>Sr. VP &amp; CFO:</b>	<b>Richard Barrow 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>Managing VP, UW:</b>	<b>Robert W. Hedges 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>Secretary &amp; General Counsel:</b>	<b>Roger A. Brown 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>VP, Controller &amp; Treasurer:</b>	<b>James Dulligan 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>AVP &amp; Assistant Controller:</b>	<b>Edward Pu 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>VP, CIO:</b>	<b>James Parylak 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>
<b>VP, Marketing:</b>	<b>Richard Weidman 120 Broadway, 30<sup>th</sup> Floor New York, NY 10271</b>

Certificate of Good Standing

STATE OF NEW YORK  
INSURANCE DEPARTMENT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

It is hereby certified that

CASTLEPOINT INSURANCE COMPANY

of New York, New York

was incorporated under the Laws of the State of New York on February 19, 1993, under the title of SURETY REINSURANCE COMPANY and was licensed to transact insurance business in the State of New York on February 19, 1993 ;

that it changed its name to MIIX INSURANCE COMPANY OF NEW YORK on September 22, 1998;

that it changed its name to TOWER INDEMNITY COMPANY OF AMERICA on August 17, 2006;

that it changed its name to CASTLEPOINT INSURANCE COMPANY on February 8, 2007.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, motor vehicle and aircraft physical damage and marine and inland marine(inland only) insurance as specified in the paragraph(s) 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 19 and 20 of Section 1113(a) of the New York Insurance Law, and has been continuously licensed and remains in good standing to the date of this certificate.

IT IS HEREBY FURTHER CERTIFIED that the charter document of the Company has been amended by the approval and filing in this Department of the following documents:

Amendment on	September 22, 1998
Amendment on	April 20, 1999
Amendment on	September 22, 1998
Amendment on	April 20, 1999
Amendment on	August 17, 2006
Amendment on	February 08, 2007



\*\*\* INVALID WITHOUT OFFICIAL SEAL \*\*\*

Certificate of Good Standing

STATE OF NEW YORK  
INSURANCE DEPARTMENT



IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the official seal of this Department  
at the City of Albany, New York, this  
20th day of March, 2007

ERIC R. DINALLO  
Acting Superintendent

By

A handwritten signature in cursive script, appearing to read "Sebastien Antyghin".

Special Deputy Superintendent

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