

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083320

FILED
Feb 16, 2011
Secretary of State

Entity Name: PURE INSURANCE COMPANY

Current Principal Place of Business:

800 CORPORATE DRIVE SUITE 420
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

ONE NORTH LEXINGTON AVENUE
1450
WHITE PLAINS, NY 10601

New Mailing Address:

FEI Number: 26-3109178 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: CAREY, JAMES
Address: 9 NORMANDY LANE
City-St-Zip: RIVERSIDE, CT 06878

Title: D
Name: MUNDHEIM, PETER
Address: 165 E 72ND STREET APT 4E
City-St-Zip: NEW YORK, NY 10021

Title: D
Name: ZERBIB, NICHOLAS
Address: 10 SOUTH DRIVE
City-St-Zip: LARCHMONT, NY 10538

Title: D
Name: BUCHMUELLER, ROSS
Address: 62 CARLEON LANE
City-St-Zip: LARCHMONT, NY 10538

Title: D
Name: BAINE, J. STEPHEN
Address: 10815 CHARLETON DRIVE
City-St-Zip: VERO BEACH, FL 32693

Title: D
Name: JAUCHIUS, MATTHEW
Address: 4385 RIVERWAY CT
City-St-Zip: NEW ALBANY, OH 40354

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: PHIL FIGUEIREDO

SVP

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date