

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092371

FILED
Feb 09, 2012
Secretary of State

Entity Name: CASTLEPOINT RISK MANAGEMENT OF FLORIDA, CORP.

Current Principal Place of Business:

500 WEST CYPRESS CREEK RD SUITE 500
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

500 WEST CYPRESS CREEK RD SUITE 500
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 94-3447087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELDON, ANDREW
500 WEST CYPRESS CREEK RD SUITE 500
FORT LAUDERDALE, FL 33309 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: PT
Name: SMEDES, BRONWYN J
Address: 120 BROADWAY 30TH FLOOR
City-St-Zip: NEW YORK, NY 10271

Title: S
Name: ROBERTS, JAMES
Address: 500 WEST CYPRESS CREEK RD SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D
Name: LEE, MICHAEL H
Address: 120 BROADWAY, 31ST FLOOR
City-St-Zip: NEW YORK, NY 10271

Title: D
Name: MAIER, GARY S
Address: 120 BROADWAY, 31ST FLOOR
City-St-Zip: NEW YORK, NY 10271

Title: PCOO
Name: ROBERTS, JAMES E
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

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: RUTH OREN

AVP

02/09/2012

Electronic Signature of Signing Officer or Director

Date