

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P40558

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** CASTLEPOINT NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

222 S. RIVERSIDE PLAZA  
SUITE 1600  
CHICAGO, IL 60606 US

**New Principal Place of Business:**

**Current Mailing Address:**

222 S. RIVERSIDE PLAZA  
SUITE 1600  
CHICAGO, IL 60606 US

**New Mailing Address:**

**FEI Number:** 23-2182777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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:** CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** LEE, MICHAEL H  
**Address:** 222 S. RIVERSIDE PLAZA, STE. 1600  
**City-St-Zip:** CHICAGO, IL 60606 US

**Title:** CFOD  
**Name:** HITSSELBERGER, WILLIAM E  
**Address:** 120 BROADWAY, 31ST FLOOR  
**City-St-Zip:** NEW YORK, NY 10271 US

**Title:** SVP  
**Name:** OROL, ELLIOT S  
**Address:** 120 BROADWAY, 31ST FLOOR  
**City-St-Zip:** NEW YORK, NY 10271 US

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:** ELLIOT OROL

SVP

04/14/2011

Electronic Signature of Signing Officer or Director

Date