

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000007160

Entity Name: PIERPONT CAPITAL HOLDINGS LLC**Current Principal Place of Business:**245 PARK AVENUE
15TH FLOOR
NEW YORK, NY 10167**Current Mailing Address:**245 PARK AVENUE
15TH FLOOR
NEW YORK, NY 10167 US**FEI Number:** 27-1656380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MANAGER
Name CAREY, JAMES
Address 20 HORSENECK LANE
STONE POINT CAPITAL
City-State-Zip: GREENWICH CT 06850

Title MANAGER
Name TOPPER, DAVID
Address GENERAL ATLANTIC
55 EAST 52ND STREET
City-State-Zip: NEW YORK NY 10055

Title MANAGER
Name DAVIS, CHARLES
Address 20 HORSENECK LANE
STONE POINT CAPITAL
City-State-Zip: GREENWICH CT 06850

Title MANAGER
Name HOGDSON, DAVID
Address GENERAL ATLANTIC
55 EAST 52ND STREET,
City-State-Zip: NEW YORK NY 10055

Title MANAGER
Name WERNER, MARK B
Address 245 PARK AVENUE
15TH FLOOR
City-State-Zip: NEW YORK NY 10167

Title MANAGER
Name DOBSON, SEAN
Address 245 PARK AVENUE
15TH FLOOR
City-State-Zip: NEW YORK NY 10167

Title MANAGER
Name CONNOR, TOM
Address 245 PARK AVENUE
15TH FLOOR
City-State-Zip: NEW YORK NY 10167

Title MANAGER
Name WALSH III, JOSEPH N
Address 245 PARK AVENUE
15TH FLOOR
City-State-Zip: NEW YORK NY 10167

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J SANTANGELO**AUTHORIZED
REPRESENTATIVE****03/29/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED REPRESENTATIVE
Name	SANTANGELO, MICHAEL J
Address	245 PARK AVENUE 15TH FLOOR
City-State-Zip:	NEW YORK NY 10167