

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003195

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: HARBOR POINT REINSURANCE U.S., INC.

## Current Principal Place of Business:

4 ESSEX AVE  
BERNARDSVILLE, NJ 07924

## New Principal Place of Business:

4 ESSEX AVENUE  
SUITE 300  
BERNARDSVILLE, NJ 07924

## Current Mailing Address:

4 ESSEX AVE  
BERNARDSVILLE, NJ 07924

## New Mailing Address:

4 ESSEX AVENUE  
SUITE 300  
BERNARDSVILLE, NJ 07924

FEI Number: 06-1481194

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PAGLIERI, WAYNE C  
Address: 4 ESSEX AVE  
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: DT ( ) Delete  
Name: WEBB, JEFFREY L  
Address: 4 ESSEX AVE  
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: DS ( ) Delete  
Name: NOSAL, ANDREW  
Address: 4 ESSEX AVE  
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: D (X) Delete  
Name: CARTER, SHEILA N  
Address: 4 ESSEX AVE  
City-St-Zip: BERNARDSVILLE, NJ 07924

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PAGLIERI, WAYNE C  
Address: 4 ESSEX AVENUE, SUITE 300  
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: TD (X) Change ( ) Addition  
Name: WEBB, JEFFREY L  
Address: 4 ESSEX AVENUE, SUITE 300  
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: SD (X) Change ( ) Addition  
Name: CARTER, SHEILA N  
Address: 4 ESSEX AVENUE, SUITE 300  
City-St-Zip: BERNARDSVILLE, NJ 07924

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY LEE WEBB

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date