

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083320

Entity Name: PURE INSURANCE COMPANY**Current Principal Place of Business:**800 CORPORATE DRIVE SUITE 420
FT LAUDERDALE, FL 33334**Current Mailing Address:**44 SOUTH BROADWAY
301
WHITE PLAINS, NY 10601**FEI Number:** 26-3109178**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 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**Officer/Director Detail :**Title D
Name CAREY, JAMES
Address 9 NORMANDY LANE
City-State-Zip: RIVERSIDE CT 06878Title D
Name ZERBIB, NICHOLAS
Address 10 SOUTH DRIVE
City-State-Zip: LARCHMONT NY 10538Title D
Name BAINE, J. STEPHEN
Address 10815 CHARLETON DRIVE
City-State-Zip: VERO BEACH FL 32693Title DIRECTOR
Name HARRINGTON, CHRISTOPHER
Address 9 WEST 57TH STREET
C/O KKR & CO SUITE 4200
City-State-Zip: NEW YORK NY 10019Title D
Name MUNDHEIM, PETER
Address 165 E 72ND STREET APT 4E
City-State-Zip: NEW YORK NY 10021Title D
Name BUCHMUELLER, ROSS
Address 62 CARLEON LANE
City-State-Zip: LARCHMONT NY 10538Title DIRECTOR
Name OLSEN, TAGAR
Address 9 WEST 57TH STREET
C/O KKR & CO SUITE 4200
City-State-Zip: NEW YORK NY 10019

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: ROSS BUCHMUELLER**DIRECTOR****03/31/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date