

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000083320

Entity Name: PURE INSURANCE COMPANY

FILED
Dec 07, 2009
Secretary of State

Current Principal Place of Business:

800 CORPORATE DRIVE SUITE 420
FT LAUDERDALE, FL 33334

New Principal Place of Business:

New Mailing Address:

ONE NORTH LEXINGTON AVENUE
1450
WHITE PLAINS, NY 10601

Current Mailing Address:

800 CORPORATE DRIVE SUITE 420
FT LAUDERDALE, FL 33334

FEI Number: 26-3109178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 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: NOT REQUIRED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAREY, JAMES
Address: 9 NORMANDY LANE
City-St-Zip: RIVERSIDE, CT 06878

Title: D () Delete
Name: MUNDHEIM, PETER
Address: 165 E 72ND STREET APT 4E
City-St-Zip: NEW YORK, NY 10021

Title: D () Delete
Name: ZERBIB, NICHOLAS
Address: 10 SOUTH DRIVE
City-St-Zip: LARCHMONT, NY 10538

Title: D () Delete
Name: BUCHMUELLER, ROSS
Address: 62 CARLEON LANE
City-St-Zip: LARCHMONT, NY 10538

Title: D () Delete
Name: BAINE, J. STEPHEN
Address: 10815 CHARLETON DRIVE
City-St-Zip: VERO BEACH, FL 32693

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: O () Change (X) Addition
Name: PARASCHAC, JEFFREY
Address: 7 GORDON PLACE
City-St-Zip: SCARSDALE, NY 10583

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 PARASCHAC

O

12/07/2009

Electronic Signature of Signing Officer or Director

Date