## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000083320

Entity Name: PURE INSURANCE COMPANY

FILED Apr 12, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

800 CORPORATE DRIVE SUITE 420 FT LAUDERDALE, FL 33334

Current Mailing Address: New Mailing Address:

ONE NORTH LEXINGTON AVENUE 1450 WHITE PLAINS, NY 10601

FEI Number: 26-3109178 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: [

Name: CAREY, JAMES
Address: 9 NORMANDY LANE
City-St-Zip: RIVERSIDE, CT 06878

Title: D

Name: MUNDHEIM, PETER Address: 165 E 72ND STREET

Address: 165 E 72ND STREET APT 4E City-St-Zip: NEW YORK, NY 10021

Title: D

Name: ZERBIB, NICHOLAS
Address: 10 SOUTH DRIVE
City-St-Zip: LARCHMONT, NY 10538

Title: [

Name: BUCHMUELLER, ROSS Address: 62 CARLEON LANE City-St-Zip: LARCHMONT, NY 10538

Title:

Name: BAINE, J. STEPHEN
Address: 10815 CHARLETON DRIVE
City-St-Zip: VERO BEACH, FL 32693

Title: O

 Name:
 PARASCHAC, JEFFREY

 Address:
 7 GORDON PLACE

 City-St-Zip:
 SCARSDALE, NY 10583

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: PHIL FIGUEIREDO SVP 04/12/2010