

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 669682

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: NORTH POINTE CASUALTY INSURANCE COMPANY

## Current Principal Place of Business:

645 HEMBREE PARKWAY  
STE. A  
ROSWELL, GA 30076

## New Principal Place of Business:

28819 FRANKLIN ROAD  
SOUTHFIELD, MI 48034

## Current Mailing Address:

645 HEMBREE PARKWAY  
STE. A  
ROSWELL, GA 30076

## New Mailing Address:

28819 FRANKLIN ROAD  
SOUTHFIELD, MI 48034

FEI Number: 59-1993236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33332 US

## Name and Address of New Registered Agent:

SKINNER, GREGORY M  
10199 SOUTHSIDE BLVD  
BLDG 1, SUITE 200  
JACKSONVILLE, FL 32256 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: GREGORY M. SKINNER

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIVLEY, HARRY L JR.  
Address: 645 HEMBREE PARKWAY, STE A  
City-St-Zip: ROSWELL, GA 30076

Title: D ( ) Delete  
Name: CARTER, CHARLES B  
Address: 645 HEMBREE PARKWAY, STE A  
City-St-Zip: ROSWELL, GA 30076

Title: D ( ) Delete  
Name: SHEEHAN, ROLAND F  
Address: 645 HEMBREE PARKWAY, STE. A  
City-St-Zip: ROSWELL, GA 30076

Title: DV ( ) Delete  
Name: SOUTHARD, BRYAN K  
Address: 645 HEMBREE PARKWAY, STE. A  
City-St-Zip: ROSWELL, GA 30076

Title: D ( ) Delete  
Name: CRAIG, ROBERT F  
Address: 645 HEMBREE PARKWAY, STE A  
City-St-Zip: ROSWELL, GA 30076

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: PETCOFF, JAMES G  
Address: 28819 FRANKLIN ROAD  
City-St-Zip: SOUTHFIELD, MI 48034

Title: D/V P (X) Change ( ) Addition  
Name: PETCOFF, MATTHEW B  
Address: 28819 FRANKLIN ROAD  
City-St-Zip: SOUTHFIELD, MI 48034

Title: D (X) Change ( ) Addition  
Name: DOBB, BARBARA J  
Address: 2655 OAKLEY PARK ROAD, #200  
City-St-Zip: COMMERCE TOWNSHIP, MI 48390

Title: D (X) Change ( ) Addition  
Name: LINDBERG, RICHARD J  
Address: 1451 E. LINCOLN ROAD  
City-St-Zip: MADISON HEIGHTS, MI 48071

Title: D (X) Change ( ) Addition  
Name: MORALES, JORGE J  
Address: 1451 E. LINCOLN ROAD  
City-St-Zip: MADISON HEIGHTS, MI 48071

Title: TREA ( ) Change (X) Addition  
Name: BERRY, JOHN H  
Address: 28819 FRANKLIN ROAD  
City-St-Zip: SOUTHFIELD, MI 48034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: B. MATTHEW PETCOFF

DVP

01/21/2005

Electronic Signature of Signing Officer or Director

Date