2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# 669682

Entity Name: NORTH POINTE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

28819 FRANKLIN ROAD
SOUTHFIELD, MI 48034

New Principal Place of Business:

28819 FRANKLIN ROAD
SOUTHFIELD, MI 48034 US

Current Mailing Address:

28819 FRANKLIN ROAD
SOUTHFIELD, MI 48034

New Mailing Address:

FEI Number: 59-1993236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKINNER, GREGORY M
10199 SOUTHSIDE BLVD
BLDG 1, SUITE 200
JACKSONVILLE, FL 32256 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: D/P ( ) Delete
Name: PETCOFF, JAMES G
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: D/VP ( ) Delete
Name: PETCOFF, MATTHEW B
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: WIKMAN, JUDITH A
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN H. BERRY T 01/30/2006
Electronic Signature of Signing Officer or Director Date