

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 669682

FILED
Mar 19, 2009
Secretary of State

Entity Name: NORTH POINTE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

28819 FRANKLIN ROAD
SOUTHFIELD, MI 48034 US

New Principal Place of Business:

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: DVP () Delete
Name: PETCOFF, B. MATTHEW
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

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

Title: D (X) Delete
Name: LINDBERG, RICHARD J
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: D (X) Delete
Name: MORALES, JORGE J
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: RIVERA, SUSAN
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: S (X) Change () Addition
Name: MALONEY, PETER
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: T (X) Change () Addition
Name: FREDIANELLI, CELESKA
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 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: PETER MALONEY

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date