## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#821403**

**Entity Name: COREPOINTE INSURANCE COMPANY** 

Apr 09, 2011 Secretary of State

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

27777 INKSTER ROAD FARMINGTON HILLS, MI 48334

**Current Mailing Address: New Mailing Address:** 

27777 INKSTER ROAD FARMINGTON HILLS, MI 48334

FEI Number: 38-1775863 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 P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 323990000 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

## **OFFICERS AND DIRECTORS:**

Title: PDC

Name: GILMAN, T. F.

27777 INKSTER ROAD Address: City-St-Zip: FARMINGTON HILLS, MI 48334

Title: SDVG

DODGE, M. J. Name:

27777 INKSTER ROAD Address: FARMINGTON HILLS, MI 48334 City-St-Zip:

VΡ Title:

BISKNER III, L.J Name: 27777 INKSTER ROAD Address:

City-St-Zip: FARMINGTON HILLS, MI 48334

Title: **TDVP** WILSON, L. Name:

Address: 27777 INKSTER ROAD

City-St-Zip: FARMINGTON HILLS, MI 48334

Title: **VPDA** Name: HAAN, J. S.

27777 INKSTER ROAD Address: City-St-Zip: FARMINGTON HILLS, MI 48334

Title:

Name: HACKMAN, TRACY L 27777 INKSTER ROAD Address: City-St-Zip: FRMINGTON HILLS, MI 48334

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: MANDELINE HENDRICKS POA 04/09/2011