

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821403

FILED  
Apr 13, 2012  
Secretary of State

Entity Name: COREPOINTE INSURANCE COMPANY

## Current Principal Place of Business:

27777 INKSTER ROAD  
FARMINGTON HILLS, MI 48334

## New Principal Place of Business:

401 S. OLD WOODWARD AVENUE, SUITE 300  
BIRMINGHAM, MI 48009 US

## Current Mailing Address:

27777 INKSTER ROAD  
FARMINGTON HILLS, MI 48334

## New Mailing Address:

401 S. OLD WOODWARD AVENUE, SUITE 300  
BIRMINGHAM, MI 48009 US

FEI Number: 38-1775863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 323990000 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

## OFFICERS AND DIRECTORS:

Title: PDC  
Name: HAAN, J.S.  
Address: 401 S. OLD WOODWARD AVENUE, SUITE 300  
City-St-Zip: BIRMINGHAM, MI 48009 US

Title: VPTC  
Name: WILSON, L.  
Address: 401 S. OLD WOODWARD AVENUE, SUITE 300  
City-St-Zip: BIRMINGHAM, MI 48009 US

Title: DIR  
Name: NEPORENT, MARK  
Address: 401 S. OLD WOODWARD AVENUE, SUITE 300  
City-St-Zip: BIRMINGHAM, MI 48009 US

Title: S  
Name: O'BRIEN, THOMAS  
Address: 401 S. OLD WOODWARD AVENUE, SUITE 300  
City-St-Zip: BIRMINGHAM, MI 48009 US

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: MANDELIN HENDRICKS

POA

04/13/2012

Electronic Signature of Signing Officer or Director

Date