

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006121

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: NORTH POINTE INSURANCE COMPANY

**Current Principal Place of Business:**

28819 FRANKLIN RD  
SOUTHFIELD, MI 480341656 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2223  
SOUTHFIELD, MI 480372223 US

**New Mailing Address:**

FEI Number: 38-2706529      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., #200  
JACKSONVILLE, FL 322560757 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: PD ( ) Delete  
Name: PETCOFF, B. MATTHEW  
Address: 28819 FRANKLIN RD  
City-St-Zip: SOUTHFIELD, MI 48034 US

Title: V ( ) Delete  
Name: LYONS, BRADFORD T  
Address: 28819 FRANKLIN RD  
City-St-Zip: SOUTHFIELD, MI 48034 US

Title: V ( ) Delete  
Name: MACLEAN, L. MATTHEW  
Address: 28819 FRANKLIN RD, STE 300  
City-St-Zip: SOUTHFIELD, MI 48034 US

Title: V ( ) Delete  
Name: SKINNER, GREGORY M  
Address: 10199 SOUTHSIDE BLVD #200  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S ( ) Delete  
Name: WIKMAN, JUDITH A  
Address: 28819 FRANKLIN RD, STE 300  
City-St-Zip: SOUTHFIELD, MI 48034 US

Title: T ( ) Delete  
Name: BERRY, JOHN H  
Address: 28819 FRANKLIN RD, STE 300  
City-St-Zip: SOUTHFIELD, MI 48034 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: JOHN H. BERRY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

04/22/2008

\_\_\_\_\_ Date