

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: NORTH POINTE INSURANCE COMPANY
- 2. The principal office address: 28819 FRANKLIN RD, SOUTHFIELD MI 48034-1656
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/30/2000 Document number: F00000006121

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
SKINNER, GREGORY M
10199 SOUTHSIDE BLVD., #200
JACKSONVILLE FL 32256-0757

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 13 PM 4:00

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Anthony LiCausi (Signature of an officer or director) Anthony LiCausi, Attorney in Fact (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Anthony LiCausi (Signature of Registered Agent) 1-29-09 (Date)

If signing on behalf of Anthony LiCausi
Vice President
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)