

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006121

FILED  
Jan 04, 2010  
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:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P  
Name: FITZPATRICK, STEPHEN  
Address: 88 PINE STREET  
City-St-Zip: NEW YORK, NY 10005 US

Title: S  
Name: ALLEYNE, RICHARD  
Address: 88 PINE STREET  
City-St-Zip: NEW YORK, NY 10005 US

Title: T  
Name: FREDIANELLI, CELESKA  
Address: 28819 FRANKLIN RD, STE 300  
City-St-Zip: SOUTHFIELD, MI 480341656 US

Title: D  
Name: FITZPATRICK, STEPHEN  
Address: 88 PINE STREET  
City-St-Zip: NEW YORK, NY 10005 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: RICHARD ALLEYNE

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01/04/2010

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

\_\_\_\_\_ Date