

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006121

FILED
Apr 13, 2012
Secretary of State

Entity Name: NORTH POINTE INSURANCE COMPANY

Current Principal Place of Business:

WALL STREET PLAZA, 88 PINE STREET
NEW YORK, NY 10005 US

New Principal Place of Business:

Current Mailing Address:

WALL STREET PLAZA, 88 PINE STREET
NEW YORK, NY 10005 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:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314
200 E.GAINES ST.
TALLAHASSEE, FL 32399 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: P
Name: BYLER, ROBERT
Address: WALL STREET PLAZA, 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: S
Name: MALONEY, PETER
Address: WALL STREET PLAZA, 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: T
Name: FRANZINO, ROBERT
Address: WALL STREET PLAZA, 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: D
Name: RUMPLER, JOHN
Address: WALL STREET PLAZA, 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: AS
Name: BURTNETT, JODIE L
Address: ONE GENERAL DRIVE
City-St-Zip: SUN PRAIRIE, WI 53596 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: JODIE L BURTNETT

AS

04/13/2012

Electronic Signature of Signing Officer or Director

Date