

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000077546

FILED
Jan 25, 2007
Secretary of State

Entity Name: HOME POINTE INSURANCE COMPANY

Current Principal Place of Business:

901 PONCE DE LEON BLVD
CORAL GABLES, FL 331343073

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD
CORAL GABLES, FL 331343073

New Mailing Address:

FEI Number: 56-2512990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
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: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PETCOFF, JAMES G
Address: 5853 CLEARVIEW COURT
City-St-Zip: TROY, MI 48098

Title: P () Delete
Name: PETCOFF, MATTHEW B
Address: 842 HATHAWAY DR
City-St-Zip: AUBURN HILLS, MI 48326

Title: T () Delete
Name: BERRY, JOHN H
Address: 901 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343073

Title: S () Delete
Name: WIKMAN, JUDITH A
Address: 901 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343073

Title: EV (X) Delete
Name: WILLIAMS, DONALD C
Address: 901 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343073

Title: D (X) Delete
Name: LINDBERG, RICHARD J
Address: 2437 RANCROFT BEAT
City-St-Zip: ROCHESTER HILLS, MI 48306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: PETCOFF, JAMES G
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: PD (X) Change () Addition
Name: PETCOFF, MATTHEW B
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: T (X) Change () Addition
Name: BERRY, JOHN H
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: S (X) Change () Addition
Name: WIKMAN, JUDITH A
Address: 28819 FRANKLIN ROAD
City-St-Zip: SOUTHFIELD, MI 48034

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 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

01/25/2007

Date