

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35007

FILED
Apr 13, 2012
Secretary of State

Entity Name: COREPOINTE INSURANCE AGENCY, INC

Current Principal Place of Business:

27777 INKSTER ROAD
FARMINGTON HILLS, MI 48334 US

New Principal Place of Business:

401 S. OLD WOODWARD AVENUE, SUITE 300
BIRMINGHAM, MI 48009 US

Current Mailing Address:

27777 INKSTER ROAD
FARMINGTON HILLS, MI 48334 US

New Mailing Address:

401 S. OLD WOODWARD AVENUE, SUITE 300
BIRMINGHAM, MI 48009 US

FEI Number: 38-2962289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: HAAN, J. S.
Address: 401 S. OLD WOODWARD AVENUE, SUITE 300
City-St-Zip: BIRMINGHAM, MI 48009 US

Title: SGC
Name: O'BRIEN, THOMAS
Address: 401 S. OLD WOODWARD AVENUE, SUITE 300
City-St-Zip: BIRMINGHAM, MI 48009 US

Title: VP
Name: GEISLER, CURTIS
Address: 401 S. OLD WOODWARD AVENUE, SUITE 300
City-St-Zip: BIRMINGHAM, MI 48009 US

Title: VP
Name: GEISLER, CURTIS
Address: 27777 INKSTER ROAD
City-St-Zip: FARMINGTON HILLS, MI 48334

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: MANDELIN HENDRICKS

POA

04/13/2012

Electronic Signature of Signing Officer or Director

Date