

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 821403

**Entity Name:** COREPOINTE INSURANCE COMPANY**Current Principal Place of Business:**401 S. OLD WOODWARD AVENUE, SUITE 300  
BIRMINGHAM, MI 48009**Current Mailing Address:**401 S. OLD WOODWARD AVENUE, SUITE 300  
BIRMINGHAM, MI 48009 US**FEI Number:** 38-1775863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399-0000 US*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

05/01/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name HAAN, JAMES  
Address 401 S. OLD WOODWARD AVENUE,  
SUITE 300  
City-State-Zip: BIRMINGHAM MI 48009

Title TREASURER, DIRECTOR  
Name SCHLACHTER, HARRY  
Address 59 MAIDEN LANE, 43RD FL  
City-State-Zip: NEW YORK NY 10038

Title CHIEF ACTUARY  
Name MAYER, JEFFREY  
Address 59 MAIDEN LANE, 42ND FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name FISCH, SUSAN  
Address 59 MAIDEN LANE, 43RD FL  
City-State-Zip: NEW YORK NY 10038

Title SECRETARY, DIRECTOR  
Name UNGAR, STEPHEN  
Address 59 MAIDEN LANE, 43RD FL  
City-State-Zip: NEW YORK NY 10038

Title VP, ASST. SECRETARY  
Name MOSES, BARRY  
Address 800 SUPERIOR AVE, 21ST FL  
City-State-Zip: CLEVELAND OH 44114

Title CFO, VP  
Name HEITZ, KERRY  
Address 903 NW 65TH STREET  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name DECARLO, DONALD  
Address 59 MAIDEN LANE  
43RD FL  
City-State-Zip: NEW YORK NY 10038

*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:** STEPHEN UNGAR**SECRETARY**

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date