

**2014 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title	TREASURER
Name	CASSANELLI, FRANK J.
Address	401 S. OLD WOODWARD AVENUE, SUITE 300
City-State-Zip:	BIRMINGHAM MI 48009

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

*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:** THOMAS O'BRIEN**SECRETARY****04/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date