

2017 FOREIGN PROFIT CORPORATION REINSTATEMENT

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, 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****06/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date