

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006121

Entity Name: NORTH POINTE INSURANCE COMPANY

Current Principal Place of Business:

ONE QBE WAY
SUN PRAIRIE, WI 53596

Current Mailing Address:

ONE QBE WAY
SUN PRAIRIE, WI 53596 US

FEI Number: 38-2706529

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E.GAINES ST
TALLAHASSEE, FL 32399 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 SECRETARY
Name PASKO, MARK
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title TREASURER
Name PIRCHER, JASON
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR
Name HARRIS, LAURIE
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR
Name DAUPHINAIS, KRISTEN
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR
Name METCALF, MARC
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR
Name TATE, TRUETT
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR, PRESIDENT
Name JONES, TODD
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR
Name CASTALDO, CHRISTOPHER
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Continues on page 2

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: JODIE BURTNETT

ASST. SECRETARY

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NAIDOO, SHAMLA
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR
Name RITCHEY, SHARON
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title ASST. SECRETARY
Name BURTNETT, JODIE
Address ONE QBE WAY
City-State-Zip: SUN PRAIRIE WI 53596