

1.) CORPORATION NAME:

DUE DATE: **12/31/2011**

**CorePointe Insurance Company**

SCC ID NO: **F0184996**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 S. OLD WOODWARD AVENUE, SUITE 300

CITY/ST/ZIP: BIRMINGHAM, MI 48009-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: J. S. HAAN  
TITLE: PRES/CEO  
ADDRESS: 401 S. OLD WOODWARD AVENUE, SUITE 300  
CITY/ST/ZIP/CO: BIRMINGHAM, MI 48009-

OFFICER

DIRECTOR

NAME: L WILSON  
TITLE: CFO/TREAS/VP  
ADDRESS: 401 S. OLD WOODWARD AVENUE, SUITE 300  
CITY/ST/ZIP/CO: BIRMINGHAM, MI 48009-

OFFICER

DIRECTOR

NAME: THOMAS O'BRIEN  
TITLE: GC/SEC  
ADDRESS: 401 S. OLD WOODWARD AVENUE, SUITE 300  
CITY/ST/ZIP/CO: BIRMINGHAM, MI 48009-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ THOMAS O'BRIEN

THOMAS O'BRIEN, GC/SEC

12/5/2011

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.