

1.) CORPORATION NAME:

DUE DATE: **1/31/2012**

**NORTH POINTE INSURANCE COMPANY**

SCC ID NO: **F1614363**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
5701 COX RD STE 301  
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 88 PINE ST

CITY/ST/ZIP: NEW YORK, NY 10005-

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: ROBERT BYLER  
TITLE: PRESIDENT  
ADDRESS: 88 PINE ST  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: JAMES J FIORE  
TITLE: DIRECTOR  
ADDRESS: 88 PINE ST  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: CHRISTOPHER C FISH  
TITLE: DIRECTOR  
ADDRESS: 88 PINE ST  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: JOHN RUMPLER  
TITLE: DIRECTOR  
ADDRESS: 88 PINE ST  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: FRANCIS O'HALLORAN  
TITLE: DIRECTOR  
ADDRESS: 88 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME:	HARVEY BAZAAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	GREGORY DEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	ROD FARRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	MARC METCALF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JOHN NEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	ANTHONY PRZYBYSZEWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	MIKE SCALA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	PETER MALONEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	ROBERT FRANZINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JODIE L BURTNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE GENERAL DRIVE		
CITY/ST/ZIP/CO:	SUN PRAIRIE, WI 53596-		

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.

<u>/s/ JODIE L BURTNETT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JODIE L BURTNETT, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/18/2012</u> DATE
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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.