

1.) CORPORATION NAME:

NORTH POINTE INSURANCE COMPANY

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
5701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1614363**

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: Wall Street Plaza
88 Pine Street

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Rumpler		
TITLE: PRESIDENT		
ADDRESS: Wall Street Plaza		
CITY/ST/ZIP/CO: 88 Pine Street NEW YORK, NY 10005		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER MALONEY		
TITLE: SECRETARY		
ADDRESS: Wall Street Plaza		
CITY/ST/ZIP/CO: 88 Pine Street NEW YORK, NY 10005		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JODIE L BURTNETT		
TITLE: ASST SECRETARY		
ADDRESS: ONE GENERAL DRIVE		
CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Wendall Stocker		
TITLE: TREASURER		
ADDRESS: Wall Street Plaza		
CITY/ST/ZIP/CO: 88 Pine Street NEW YORK, NY 10005		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HARVEY BAZAAR		
TITLE: DIRECTOR		
ADDRESS: Wall Street Plaza		
CITY/ST/ZIP/CO: 88 Pine Street NEW YORK, NY 10005		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY DEAL		
TITLE: DIRECTOR		
ADDRESS: 7333 Sunwood Drive		
CITY/ST/ZIP/CO: Ramsey, MN 55303		

NAME: ROD FARRELL TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER C FISH TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARC METCALF TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN NEAL TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY PRZYBYSZEWSKI TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MIKE SCALA TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Christopher Davies TITLE: DIRECTOR ADDRESS: 210 Interstate N Parkway S.E. CITY/ST/ZIP/CO: Atlanta, GA 30339	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Sue Harnett TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: John Langione TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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/ JODIE L BURTNETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JODIE L BURTNETT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
1/29/2013 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.