

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 17 PM 3: 16

DOCUMENT # 813936 (2)

1. Corporation Name  
NORTHLAND CASUALTY COMPANY P.O. BOX 64816

Principal Place of Business: 1295 NORTHLAND DR. MENDOTA HEIGHTS MN 55120-1146 US  
Mailing Address: P. O. BOX 64816 ST. PAUL MN 55164-0816 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. No Change	22. State, Apt. #, etc.	26. No Change	27. State, Apt. #, etc.	10/03/1959	03/15/1994
23. City & State	24. Zip	28. City & State	29. Zip	4. FET Number	Applied For / Not Applicable
25. Country	30. Country			5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG. PLAZA LEVEL II TALLAHASSEE FL 32301				81. Name	No Change		
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: No Change

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	No longer Chairman of Board. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, AUSTIN	12 NAME	
STREET ADDRESS	1295 NORTHLAND DR.	13 STREET ADDRESS	
CITY - ST - ZIP	MENDOTA HEIGHTS MN	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	Remove, no longer D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMM, EDWARD	22 NAME	
STREET ADDRESS	408 ST. PETER STREET	23 STREET ADDRESS	
CITY - ST - ZIP	ST. PAUL MN	24 CITY - ST - ZIP	
TITLE	DS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, JEROME B.	32 NAME	
STREET ADDRESS	2900 NORWEST CENTER, 90 S. 7TH STREET	33 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	34 CITY - ST - ZIP	
TITLE	PD	41 TITLE	COB/D no longer Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPON, GENE G.	42 NAME	Add: Pres. Randall D. Jones
STREET ADDRESS	1295 NORTHLAND DR.	43 STREET ADDRESS	1285 Northland Dr., Mendota Heights, MN
CITY - ST - ZIP	MENDOTA HEIGHTS MN	44 CITY - ST - ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T	51 TITLE	
NAME	PETERSON WILLIAM C. ,	52 NAME	
STREET ADDRESS	3500 W. 80TH ST.	53 STREET ADDRESS	1285 Northland Dr.
CITY - ST - ZIP	MINNEAPOLIS MN	54 CITY - ST - ZIP	Mendota Heights, MN 55120
TITLE	AS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, BARBARA L.	62 NAME	
STREET ADDRESS	1295 NORTHLAND DR.	63 STREET ADDRESS	
CITY - ST - ZIP	MENDOTA HEIGHTS MN	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 199.032(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the holder of an authorized position empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on File # 12 or 13 if changed, or on an attachment with an addition.

SIGNATURE: *Barbara L. Sutherland* Barbara L. Sutherland February 8, 1995 612-688-4413