

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **813936** (2)

1. Corporation Name
NORTHLAND CASUALTY COMPANY



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**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **10/03/1959**
3a. Date of Last Report: **02/17/1995**
4. FEI Number: **94-6051964**
5. Certificate of Status Desired: No **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: No **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
PLAZA LEVEL II
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: **No Change**
82 Street Address (P.O. Box Number is Not Acceptable):
83
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**

Signature of Registered Agent (Print Name, Title, Address, and Date) (DO NOT REGISTER AGENT SIGNATURE UNLESS REGISTERED AGENT)

12. OFFICERS AND DIRECTORS

11.1 TITLE	AS	<input type="checkbox"/> DELETED
11.2 NAME	SUTHERLAND, BARBARA	
11.3 STREET ADDRESS	1295 NORTHLAND DR.	
11.4 CITY, ST., ZIP	MENDOTA HEIGHTS MN	
11.5 TITLE	CFO	<input type="checkbox"/> DELETED
11.6 NAME	PETERSON, WILLIAM C.	
11.7 STREET ADDRESS	1285 NORTHLAND DR.	
11.8 CITY, ST., ZIP	MENDOTA HEIGHTS MN	
11.9 TITLE	DS	<input type="checkbox"/> DELETED
11.10 NAME	SIMON, JEROME B.	
11.11 STREET ADDRESS	2900 NORWEST CENTER, 90 S. 7TH STREET	
11.12 CITY, ST., ZIP	MINNEAPOLIS MN	
11.13 TITLE	P	<input type="checkbox"/> DELETED
11.14 NAME	JONES, RANDALL D.	
11.15 STREET ADDRESS	1285 NORTHLAND DR.	
11.16 CITY, ST., ZIP	MENDOTA HEIGHTS MN	
11.17 TITLE	Gopon, Gene George	<input type="checkbox"/> DELETED
11.18 NAME	1285 Northland Dr.	
11.19 STREET ADDRESS	Mendota Heights, MN 55120	
11.20 CITY, ST., ZIP		
11.21 TITLE		<input type="checkbox"/> DELETED
11.22 NAME		
11.23 STREET ADDRESS		
11.24 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST., ZIP		
13.5 TITLE	Trea.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST., ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST., ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST., ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, ST., ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated 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, but 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 in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Randall D. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Randall D. Jones, President

1/26/96 612-688-4100
Date Expires

CR2E034 (12/95)