

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/08/60 03/08/60	3a. Date of Last Report 02/13/1996
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2. Principal Place of Business 21 No Change Suite, Apt. #, etc.	2b. Mailing Address 26 No Change Suite, Apt. #, etc.	4. FEI Number 94-6051964 Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> NO \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> NO \$5.00 May Be Added to Fees
24 Zip Country	29 Zip Country	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 FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG. PLAZA LEVEL II TALLAHASSEE FL 32301		81 Name No Change	10. Name and Address of New Registered Agent	
		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** DATE _____
Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTHERLAND, BARBARA	1.2 NAME	V
STREET ADDRESS	1295 NORTHLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	1.4 CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, WILLIAM C.	2.2 NAME	
STREET ADDRESS	1285 NORTHLAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, JEROME B.	3.2 NAME	
STREET ADDRESS	2900 NORWEST CENTER, 90 S. 7TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RANDALL D.	4.2 NAME	
STREET ADDRESS	1285 NORTHLAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gopon, Gene G.
STREET ADDRESS		5.3 STREET ADDRESS	1285 Northland Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Mendota Heights, MN
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that 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 or on an attachment with an address.

SIGNATURE: *Randall D. Jones* **Randall D. Jones** **1-8-97 (612) 688-4470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)