

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

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 813936 (2)**  
 T. 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	No Change	26	No Change	10/03/1959	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		94-6051964	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V/AS
NAME	SUTHERLAND, BARBARA	1.2 NAME	
STREET ADDRESS	1295 NORTHLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	1.4 CITY-ST-ZIP	
TITLE	CFOT	2.1 TITLE	
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	3.1 TITLE	
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	CEO	4.1 TITLE	P/CEO
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	DC	5.1 TITLE	
NAME	GOPON, GENE G.	5.2 NAME	
STREET ADDRESS	125 NORTHLAND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Barbara L. Sutherland* Barbara L. Sutherland 1/23/98 612-688-4100

CR2E034 (10/97)