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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813936
 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1959	
21	22	26	27	4. FEI Number 94-6051964	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	VAS SUTHERLAND, BARBARA	1295 NORTHLAND DR.	MENDOTA HEIGHTS MN	
	CFOT PETERSON, WILLIAM C.	1285 NORTHLAND DR.	MENDOTA HEIGHTS MN	<input checked="" type="checkbox"/> DELETE
	DS SIMON, JEROME B.	2900 NORWEST CENTER, 90 S. 7TH STREET	MINNEAPOLIS MN	<input checked="" type="checkbox"/> DELETE
	PCEO JONES, RANDALL D.	1285 NORTHLAND DR.	MENDOTA HEIGHTS MN	<input type="checkbox"/> DELETE
	DC GOPON, GENE G.	125 NORTHLAND DRIVE	MENDOTA HEIGHTS MN	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sutherland, Barbara L	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	EVP, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Zaborsky, Daniel J	
6.3 STREET ADDRESS	1295 Northland Drive	
6.4 CITY-ST-ZIP	Mendota Heights, MN	

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, with all other like empowered.

SIGNATURE: Barbara L. Sutherland Barbara L. Sutherland 1-20-99 651-688-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)