2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT
DOCUMENT\# 813936
Entity Name: NORTHLAND CASUALTY COMPANY

## Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

## Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

## FEI Number: 94-6051964

Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE:
Electronic Signature of Registered Agent

## Officer/Director Detail :

| Title | DIRECTOR, PRESIDENT, CHAIRMAN, | Title | DIRECTOR, VC, CFO |
| :---: | :---: | :---: | :---: |
|  |  | Name | BENET, JAY S |
| Name | MACLEAN, BRIAN W |  |  |
| Address | ONE TOWER SQUARE | Address | ONE TOWER SQUARE |
|  |  | City-State-Zip: | HARTFORD CT 06183 |
| City-State-Zip: | HARTFORD CT 06183 |  |  |
|  |  | Title | ASSISTANT CORPORATE |
| Title | DIRECTOR, VC, CHIEF INVESTMENT OFFICER | Name | MULCAHY, ANN B. |
| Name | HEYMAN, WILLIAM H | Address | ONE TOWER SQUARE |
| Address | 485 LEXINGTON AVENUE SUITE 400 | City-State-Zip: | HARTFORD CT 06183 |
| City-State-Zip: | NEW YORK NY 10017-2630 | Title | TREASURER, EXECUTIVE VICE PRESIDENT |
| Title | CORPORATE SECRETARY | Name | OLIVO, MARIA |
| Name | SKJERVEN, WENDY C | Address | 485 LEXINGTON AVENUE SUITE 400 |
| Address | 385 WASHINGTON STREET | City-State-Zip: | NEW YORK NY 10017-2630 |
| City-State-Zip: | ST. PAUL MN 55102 |  |  |
| Title | DIRECTOR, VC | Title | DIRECTOR, EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL |
| Name | SPADORCIA, DOREEN | Name | SPENCE, KENNETH F. III |
| Address | ONE TOWER SQUARE | Address | 385 WASHINGTON STREET |
| City-State-Zip: | HARTFORD CT 06183 | City-State-Zip: | ST. PAUL MN 55102 |

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[^0]SIGNATURE: ANN B. MULCAHY

## Officer/Director Detail Continued :

Title DIRECTOR
Name TOCZYDLOWSKI, GREGORY C.
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183


[^0]:    I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

