## 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:

Title

Date Electronic Signature of Registered Agent

Name

Name

City-State-Zip:

City-State-Zip:

BENET, JAY S

HARTFORD CT 06183

MULCAHY, ANN B.

HARTFORD CT 06183

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHAIRMAN, Title DIRECTOR, VC, CFO

CEO

MACLEAN, BRIAN W Name Address ONE TOWER SQUARE ONE TOWER SQUARE Address

City-State-Zip: HARTFORD CT 06183

Title ASSISTANT CORPORATE Title DIRECTOR, VC, CHIEF INVESTMENT **SECRETARY** 

**OFFICER** 

Name HEYMAN, WILLIAM H

ONE TOWER SQUARE Address 485 LEXINGTON AVENUE Address

SUITE 400

City-State-Zip: NEW YORK NY 10017-2630 TREASURER, EXECUTIVE VICE Title

**PRESIDENT** 

CORPORATE SECRETARY Title Name OLIVO, MARIA

SKJERVEN, WENDY C Name Address 485 LEXINGTON AVENUE

385 WASHINGTON STREET Address SUITE 400

City-State-Zip: NEW YORK NY 10017-2630 City-State-Zip: ST. PAUL MN 55102

Title DIRECTOR, EXECUTIVE VICE

DIRECTOR, VC 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

## Continues on page 2

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.

04/01/2015 SIGNATURE: ANN B. MULCAHY ASSISTANT CORPORATE **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 01, 2015

**Secretary of State** 

CC8121388625

## Officer/Director Detail Continued:

Title DIRECTOR

Name TOCZYDLOWSKI, GREGORY C.

Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183