

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:55

DOCUMENT # 814513 (8)
1. Corporation Name
NORTHLAND INSURANCE COMPANY

Principal Place of Business: 1295 NORTHLAND DR, MENDOTA HEIGHTS MN 55120-1146, US
Mailing Address: PO BOX 64516, ST PAUL MN 55164-0816, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. No Change		26. No Change		06/24/1960	03/15/1994
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		41-6009967	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Country		Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country		30. 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				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BLDG, PLAZA LEVEL II TALLAHASSEE FL 32301				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: N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101 NAME STREET ADDRESS CITY, ST, ZIP	P GOPON, GENE G 1295 NORTHLAND DR MENDOTA HEIGHTS MN	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	D/COB, no longer Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1102 NAME STREET ADDRESS CITY, ST, ZIP	VAS SUTHERLAND, BARBARA L. 1295 NORTHLAND DR MENDOTA HEIGHTS MN	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1103 NAME STREET ADDRESS CITY, ST, ZIP	V PICKARD, DAVID L 1295 NORTHLAND DR MENDOTA HEIGHTS MN	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1104 NAME STREET ADDRESS CITY, ST, ZIP	I PETERSON, WILLIAM C. 3500 W 80TH ST MINNEAPOLIS MN	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1105 NAME STREET ADDRESS CITY, ST, ZIP	S SIMON, JEROME B 2900 NORWEST CTR, 90 SOUTH 7TH ST MINNEAPOLIS MN	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1106 NAME STREET ADDRESS CITY, ST, ZIP	C CHAPMAN, AUSTIN 3500 W 80TH ST MINNEAPOLIS MN	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	D/Vice Chairman, no longer COB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			1285 Northland Dr. Mendota Heights, MN 55120
			1285 Northland Dr. Mendota Heights, MN 55120

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Barbara L. Sutherland* Barbara L. Sutherland February 8, 1995 612-688-4413