

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **06/24/1960**
3a. Date of Last Report: **02/16/1995**
4. FEI Number: **41-6009967**
5. Certificate of Status Desired: No **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: No **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**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** DATE: _____

12. OFFICERS AND DIRECTORS

11. TITLE	DCOB	<input type="checkbox"/> DELETE
12. NAME	GOPON, GENE G	
13. STREET ADDRESS	1295 NORTHLAND DR	
14. CITY-ST-ZIP	MENDOTA HEIGHTS MN	
21. TITLE	VAS	<input type="checkbox"/> DELETE
22. NAME	SUTHERLAND, BARBARA L.	
23. STREET ADDRESS	1295 NORTHLAND DR	
24. CITY-ST-ZIP	MENDOTA HEIGHTS MN	
31. TITLE	EVP	<input type="checkbox"/> DELETE
32. NAME	PICKARD, DAVID L	
33. STREET ADDRESS	1295 NORTHLAND DR	
34. CITY-ST-ZIP	MENDOTA HEIGHTS MN	
41. TITLE	CFO	<input type="checkbox"/> DELETE
42. NAME	PETERSON, WILLIAM C.	
43. STREET ADDRESS	1285 NORTHLAND DR.	
44. CITY-ST-ZIP	MENDOTA HEIGHTS MN	
51. TITLE	D	<input type="checkbox"/> DELETE
52. NAME	SIMON, JEROME B	
53. STREET ADDRESS	2900 NORWEST CTR, 90 SOUTH 7TH ST	
54. CITY-ST-ZIP	MINNEAPOLIS MN	
61. TITLE	DVC	<input checked="" type="checkbox"/> DELETE
62. NAME	CHAPMAN, AUSTIN	
63. STREET ADDRESS	1285 NORTHLAND DR.	
64. CITY-ST-ZIP	MENDOTA HEIGHTS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE	Trea.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	Jones, Randall Dean	
63. STREET ADDRESS	1295 Northland Dr.	
64. CITY-ST-ZIP	Mendota Heights, MN 55120	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, hereon, or on an attachment with an address.

SIGNATURE: *Randall D. Jones* 1/26/96 612-688-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Randall D. Jones, President**

CR2E034 (12/95)