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**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 55164-0516 US**

3. Date Incorporated or Qualified: ~~00/04/0000~~ **07/18/63** 3a. Date of Last Report: **02/13/1996**

2. Principal Place of Business 21 No Change	2a. Mailing Address 26 PO Box 64816	4. FEI Number 41-6009967	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> NO \$8.75 Additional Fee Required	
23 City & State	28 City & State St. Paul, MN	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> NO \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 55164-0816	30 US

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
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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** (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOB GOPON, GENE G 1295 NORTHLAND DR MENDOTA HEIGHTS MN <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS SUTHERLAND, BARBARA L. 1295 NORTHLAND DR MENDOTA HEIGHTS MN <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP PICKARD, DAVID L. 1295 NORTHLAND DR MENDOTA HEIGHTS MN <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PETERSON, WILLIAM C. 1285 NORTHLAND DR. MENDOTA HEIGHTS MN <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIMON, JEROME B 2900 NORWEST CTR, 90 SOUTH 7TH ST MINNEAPOLIS MN <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, RANDALL DEAN 1295 NORTHLAND DRIVE MENDOTA HEIGHTS MN <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEO

14. I do 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.

SIGNATURE: *Randall D. Jones* **Randall D. Jones** 1-8-97 (612) 688-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)