


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 814513
 1. Entity Name
NORTHLAND INSURANCE COMPANY



Principal Place of Business Mailing Address
 1295 NORTHLAND DR P.O. BOX 64816
 MENDOTA HEIGHTS, MN 55120 US ST. PAUL, MN 55164 US



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-6009967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FLORIDA INSURANCE COMMISSIONER
 200 EAST GAINES STREET
 TALLAHASSEE, FL 32399-0300

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MESCHKE, MICHELLE M 1295 NORTHLAND DR MENDOTA HEIGHTS, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD, CT 06183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, DOUGLAS G ONE TOWER SQUARE HARTFORD, CT 06183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSVD MICHENER, JAMES M ONE TOWER SQUARE HARTFORD, CT 06183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT RUSSELL, DOUGLAS K ONE TOWER SQUARE HARTFORD, CT 06183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000009886
 01/22/04-80009-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Meschke Michelle Meschke 1/16/04 651-688-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #