

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814513

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: NORTHLAND INSURANCE COMPANY

## Current Principal Place of Business:

385 WASHINGTON STREET  
MC 103N  
ST. PAUL, MN 55102 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 64816  
ST. PAUL, MN 55164 US

## New Mailing Address:

FEI Number: 41-6009967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INSURANCE COMMISSIONER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 323990300 US

## Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: LYNETTE COLEMAN

01/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AS ( ) Delete  
Name: MESCHKE, MICHELLE M  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102 US

Title: D ( ) Delete  
Name: CLARKE, CHARLES J  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: PD ( ) Delete  
Name: MILLER, T. MICHAEL  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102 US

Title: SSV ( ) Delete  
Name: BACKBERG, BRUCE A  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102 US

Title: SVT ( ) Delete  
Name: RUSSELL, DOUGLAS K  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: CEOD ( ) Delete  
Name: MACLEAN, BRIAN W  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFOD (X) Change ( ) Addition  
Name: BENET, JAY S  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: PD (X) Change ( ) Addition  
Name: MACLEAN, BRIAN W  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EVPD (X) Change ( ) Addition  
Name: LACHER, JR., JOSEPH P  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE M MESCHKE

AS

01/25/2006

Electronic Signature of Signing Officer or Director

Date