

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814513

FILED
Apr 15, 2010
Secretary of State

Entity Name: NORTHLAND INSURANCE COMPANY

Current Principal Place of Business:

385 WASHINGTON STREET
9275-SB03N
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

Title: S
Name: SKJERVEN, WENDY
Address: 385 WASHINGTON STREET
City-St-Zip: ST. PAUL, MN 55102 US

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

Title: EVPD
Name: TOCZYDLOWSKI, GREGORY C
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE M MESCHKE

AS

04/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date