

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 MAY -8 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 814513

1. Corporation Name

Northland Insurance Company

2. Principal Office Address

1295 Northland Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 64816

Suite, Apt. #, etc.

City & State

Mendota Heights, MN

City & State

St. Paul, MN

Zip

55120

Country

USA

Zip

55164-0816

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

6/24/1960

5. FEI Number

41-6009967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Florida Insurance Commissioner

Street Address (P.O. Box Number is Not Acceptable) 200 East Gaines Street

02-03 WBR

Suite, Apt. #, Etc.

City Tallahassee

State FL

Zip Code 32399-0300

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D	Charles J. Clarke	One Tower Square	Hartford, CT 06183
P/D	Douglas G. Elliott	One Tower Square	Hartford, CT 06183
S/SV/D	James M. Michener	One Tower Square	Hartford, CT 06183
SV/T	Douglas K. Russell	One Tower Square	Hartford, CT 06183
AS	Michelle M. Meschke	1295 Northland Drive	Mendota Heights, MN 55120

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Michelle M. Meschke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-03

Date

651-688-4747

Daytime Phone #

CR2E081 (10/02)



*Handwritten initials/signature*

May 7, 2003

**VIA HAND DELIVERY**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Reinstatement for Northland Insurance Company & Northland Casualty Company

Dear Florida Department of State Representative:

On May 6, 2003, I became aware of the fact that two of our insurance companies, Northland Insurance Company and Northland Casualty Company ("Northland"), were not in good standing with the Florida Department of State – because both companies had failed to file several annual reports.

Upon investigation, it is clear that Northland never received the annual reports or any notices that it was in the process of having its standing revoked by the Department of State.

Enclosed are completed Applications for Reinstatement for each company, as well as two checks in the amount of \$308.75 each, to cover the missed annual report filings (\$150.00 each year, per company) and certificates of status (\$8.75 per company).

Please note that the Reinstatement Form for Northland Insurance Company does not contain the signature of its Florida Registered Agent – the Florida Insurance Commissioner. Upon speaking with the Reinstatement Section of your office, I was told that I did not need the Commissioner's signature.

In order to expedite processing of the reinstatement, I had these documents hand delivered to you by the CT Corporation System Tallahassee office. I was told by Ula of the Reinstatement Section of your office that if hand-delivered, the paperwork could be processed within 24 hours. **Please advise if this is not the case.**

If you have any questions or need additional information, please contact me at the telephone number below.

Sincerely,

Michelle Meschke  
Assistant Secretary & Associate Corporate Counsel  
Phone: 651-688-4747  
Fax: 651-681-3100  
Email: mmeschke@travelers.com

RECEIVED  
03 MAY -8 PM 1:19  
DIVISION OF CORPORATIONS