

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823161

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** GREAT NORTHERN INSURANCE COMPANY

**Current Principal Place of Business:**

ONE INDIANA SQUARE, SUITE 1350  
211 NORTH PENNSYLVANIA ST.  
INDIANAPOLIS, IN 46204 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAT TOMCZYK  
15 MOUNTAIN VIEW ROAD  
WARREN, NJ 07059 US

**New Mailing Address:**

**FEI Number:** 41-0729473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
P.O. BOX 6200 (32314-6200)  
TALLAHASSEE, FL 323990000 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: CPD  
Name: DEGNAN, JOHN J  
Address: 15 MOUNTAIN VIEW ROAD  
City-St-Zip: WARREN, NJ 07059

Title: VSD  
Name: MACAN, WILLIAM A  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: VTD  
Name: NORDSTROM, DOUGLAS A  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: D  
Name: STERLING, APRIL  
Address: 211 NORTH PENNSYLVANIA ST.  
City-St-Zip: INDIANAPOLIS, IN 44903

Title: D  
Name: BUTLER, GERARD M  
Address: 2001 BRYAN STREET, SUITE 3400  
City-St-Zip: DALLAS, TX 75201

Title: VPD  
Name: META, ALLISON W  
Address: 211 NORTH PENNSYLVANIA ST.  
City-St-Zip: INDIANAPOLIS, IN 44903

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: PATRICIA TOMCZYK

AS

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date