

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006461

FILED
Jan 02, 2008
Secretary of State

Entity Name: MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

333 SOUTH 7TH ST.
SUITE 2200
MINNEAPOLIS, MN 55402

New Principal Place of Business:

Current Mailing Address:

333 SOUTH 7TH ST.
SUITE 2200
MINNEAPOLIS, MN 55402

New Mailing Address:

FEI Number: 41-1422201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: P () Delete
Name: BRADY, STEVEN G
Address: 333 SOUTH 7TH ST STE 2200
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: S () Delete
Name: BOWDEN, JOHN J
Address: 4200 IDS CENTER 80 S 8TH ST
City-St-Zip: MINNEAPOLIS, MN 55402 US

Title: T () Delete
Name: BULTENA, JOHN R
Address: 596 HIGH RIDGE
City-St-Zip: MENDOTA HEIGHTS, MN 55118 US

Title: D () Delete
Name: BUELT, DAVID L
Address: 8805 INDIAN HILLS DRIVE, #280
City-St-Zip: OMAHA, NE 68114 US

Title: D () Delete
Name: COLLINS, THEODORE J
Address: 1872 BOOKLAND AVENUE
City-St-Zip: ST PAUL, MN 55116 US

Title: D () Delete
Name: FELLOWS, ROGER J
Address: 8525 EDINBROOK CROSSING, STE 202
City-St-Zip: BROOKLYN PARK, MN 55443 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: GUZY, ROBERT A
Address: 200 COON RAPIDS BOULEVARD
City-St-Zip: COON RAPIDS, MN 55443 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT TURNER

VP

01/02/2008

Electronic Signature of Signing Officer or Director

Date