


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

0150125 MB

DOCUMENT # F02000002625

1. Entity Name
NONPROFITS INSURANCE COMPANY



09-05-2003 90109 011 ***550.00

Principal Place of Business
920 SECOND AVENUE SOUTH, SUITE 700
MINNEAPOLIS MN 55402

Mailing Address
920 SECOND AVENUE SOUTH, SUITE 700
MINNEAPOLIS MN 55402



2. Principal Place of Business
222 SOUTH NINTH STREET
Suite, Apt. #, etc.
SUITE 1300
City & State
MINNEAPOLIS, MN

3. Mailing Address
222 SOUTH NINTH STREET
Suite, Apt. #, etc.
SUITE 1300
City & State
MINNEAPOLIS, MN

CHECK HERE IF MAKING CHANGES

4. FEI Number **41-1654112** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAHER, WICKI J 3033 EAST CALHOUN PARKWAY MINNEAPOLIS MN 55408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D/P HOPKINS, KENNETH R 222 SOUTH NINTH STREET, SUITE 1300 MINNEAPOLIS, MN 55402-3332
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ELSENPIETER, MICHAEL T 17629 KETTERING TRAIL LAKEVILLE MN 55044	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			T ELSENPIETER, MICHAEL T 222 SOUTH NINTH STREET, SUITE 1300 MINNEAPOLIS, MN 55402-3332
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPKINS, KENNETH R 920 SECOND AVENUE SOUTH, SUITE 700 MINNEAPOLIS MN 55402	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VP MAUCK, FRED A 222 SOUTH NINTH STREET, SUITE 1300 MINNEAPOLIS, MN 55402-3332
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAUCK, FRED A 920 SECOND AVENUE SOUTH, SUITE 700 MINNEAPOLIS MN 55402	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			S/VP KYLLO, DAVID S 222 SOUTH NINTH STREET, SUITE 1300 MINNEAPOLIS, MN 55402-3332
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D TANSEY, MARK C 222 SOUTH NINTH STREET, SUITE 1300 MINNEAPOLIS, MN 55402-3332
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D LEDERMAN, IRA S 475 STEAMBOAT ROAD GREENWICH, CT 06830
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with proper like empowered.

SIGNATURE: *David S. Kyllö* Vice President **9/5/03 (612) 766-2000** (OVER)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80144290

#F0200000021025

D
LANKFORD, H RAYMOND, JR
475 STEAMBOAT ROAD
GREENWICH, CT 06830

D
BALLARD, EUGENE G
475 STEAMBOAT ROAD
GREENWICH, CT 06830