FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:08

DOCUMENT # F93000005002 (1)

1. Corporation Name
NORTHLAND RISK MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1295 NORTHLAND DR. MENDOTA HEIGHTS MN 55120	P. O. BOX 64816 ST. PAUL MN 55164-0816 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1993	3a. Date of Last Report: 03/18/1994
4. FEI Number: 41-1720288	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 No Change	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	No Change
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	CHAPMAN, AUSTIN	1.2 NAME		
STREET ADDRESS	3500 W. 80TH STREET	1.3 STREET ADDRESS	1285 Northland Dr.	
CITY-ST-ZIP	MINNEAPOLIS MN 55431	1.4 CITY-ST-ZIP	Mendota Heights, MN 55120	
TITLE	PD	2.1 TITLE	CEO	☐ Change ☒ Addition
NAME	GOPON, GENE G	2.2 NAME		
STREET ADDRESS	1295 NORTHLAND DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MENDOTA HEIGHTS MN 55120	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	SIMON, JEROME B	3.2 NAME		
STREET ADDRESS	2900 NORWEST CENTER, 90 SOUTH 7TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55402-4133	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	CFO	☐ Change ☒ Addition
NAME	PETERSON, WILLIAM C	4.2 NAME		
STREET ADDRESS	3500 W. 80TH ST.	4.3 STREET ADDRESS	1285 Northland Dr.	
CITY-ST-ZIP	MINNEAPOLIS MN 55431	4.4 CITY-ST-ZIP	Mendota Heights, MN 55120	
TITLE	ASVP	5.1 TITLE		☐ Change ☐ Addition
NAME	SUTHERLAND, BARBARA L	5.2 NAME		
STREET ADDRESS	1295 NORTHLAND DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN 55120	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	No longer a director.	☒ Change ☐ Addition
NAME	HAMM, EDWARD H	6.2 NAME		
STREET ADDRESS	408 ST. PETER ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN 55102	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara L. Sutherland Barbara L. Sutherland February 2, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date

612-688-4413
Daytime Phone #

0300134 CR