


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000006664 (3) 1. Corporation Name TRI-STATE INSURANCE COMPANY OF MINNESOTA		



Principal Place of Business 10 ROUNDWIND ROAD LUVERNE MN 56156	Mailing Address 10 ROUNDWIND ROAD LUVERNE MN 56156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1997	
21		26		4. FEI Number 41-1232071	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CAROLINA CASUALTY INS. CO. 8381 DIX ELLIS TRAIL JACKSON BLDG STE 400 JACKSONVILLE FL 32256				81	Name
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASICK, THOMAS A	1.2 NAME	Joel Christensen
STREET ADDRESS	10 ROUNDWIND ROAD	1.3 STREET ADDRESS	10 Roundwind Road
CITY-ST-ZIP	LUVERNE MN	1.4 CITY-ST-ZIP	Luverne, MN 56156.
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BENNETT, JACK	2.2 NAME	
STREET ADDRESS	10 ROUNDWIND ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUVERNE MN	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	THIELBAR, BART A	3.2 NAME	
STREET ADDRESS	10 ROUNDWIND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUVERNE MN	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROBINSON, WAYNE	4.2 NAME	
STREET ADDRESS	10 ROUNDWIND ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUVERNE MN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____ DATE **5/13/98**

CR2E034 (10/97)