

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006664

1. Entity 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

2. Principal Place of Business

DBA: Berkley Information Svcs

Suite, Apt. #, etc.

10 Roundwind Road

City & State

Luverne mn

Zip

56156

Country

USA

3. Mailing Address

DBA: Berkley Information Services

Suite, Apt. #, etc.

Po Box 657

City & State

Luverne mn

Zip

56156

Country

USA

6. Name and Address of Current Registered Agent

CAROLINA CASUALTY INS. CO.
8381 DIX ELLIS TRAIL JACKSON BLDG STE 400
JACKSONVILLE FL 32256

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	CHRISTENSEN, JOEL	<input type="checkbox"/> Delete
NAME		10 ROUNDWIND RD	
STREET ADDRESS		LUVERNE MN 56156	
CITY-ST-ZIP			
TITLE	V	BENNETT, JACK	<input type="checkbox"/> Delete
NAME		10 ROUNDWIND ROAD	
STREET ADDRESS		LUVERNE MN	
CITY-ST-ZIP			
TITLE	V	GACKE, JONI	<input type="checkbox"/> Delete
NAME		10 ROUNDWIND ROAD	
STREET ADDRESS		LUVERNE MN	
CITY-ST-ZIP			
TITLE	V	ROBINSON, WAYNE	<input checked="" type="checkbox"/> Delete
NAME		10 ROUNDWIND ROAD	
STREET ADDRESS		LUVERNE MN	
CITY-ST-ZIP			
TITLE	V	DEBOER, DARIN	<input checked="" type="checkbox"/> Delete
NAME		10 ROUNDWIND ROAD	
STREET ADDRESS		LUVERNE MN 56156	
CITY-ST-ZIP			
TITLE	V	LEDESMA, GAIL	<input type="checkbox"/> Delete
NAME		10 ROUNDWIND ROAD	
STREET ADDRESS		LUVERNE MN 56156	
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	Brian Blake	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		10 Roundwind Road	
STREET ADDRESS		LUVERNE MN 56156	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90050 028 ***150.00

821360



DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1232071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2F034 (9/99)