

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004849

FILED
Apr 23, 2009
Secretary of State

Entity Name: GREAT NORTHWEST INSURANCE COMPANY

Current Principal Place of Business:

400 ROBERT ST. N
SUITE 1100
ST. PAUL, MN 55101

New Principal Place of Business:

Current Mailing Address:

400 ROBERT ST. N
SUITE 1100
ST. PAUL, MN 55101

New Mailing Address:

FEI Number: 41-1564368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: UTAY, MARC A
Address: 110 E 59TH ST, # 2100
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: KOGAN, ERIC
Address: 110 E 59TH ST, # 2100
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: VOLLARO, JOHN
Address: PO BOX HM 339
City-St-Zip: HAMILTON, HM BX

Title: D () Delete
Name: FEENEY, PETER M
Address: 201 S MAIN SUITE 200
City-St-Zip: ANN ARBOR, MI 48104

Title: P () Delete
Name: DOUCETTE, STEPHEN W
Address: 400 ROBERT ST N; SUITE 1100
City-St-Zip: ST. PAUL, MN 55101

Title: D () Delete
Name: HUDSON, PETER
Address: 50 BENNINGTON DR
City-St-Zip: ZIONSVILLE, IN 46077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: MAURICE H CHEW

CFO

04/23/2009

Electronic Signature of Signing Officer or Director

Date