

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004849

FILED
Apr 28, 2011
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:

332 MINNESOTA STREET
SUITE W1800
ST. PAUL, MN 55101

Current Mailing Address:

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

New Mailing Address:

332 MINNESOTA STREET
SUITE W1800
ST. PAUL, MN 55101

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

OFFICERS AND DIRECTORS:

Title: D
Name: UTAY, MARC A
Address: 110 E 59TH ST, # 2100
City-St-Zip: NEW YORK, NY 10022

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

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

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

Title: P
Name: DOUCETTE, STEPHEN W
Address: 332 MINNESOTA STREET SUITE W1800
City-St-Zip: ST. PAUL, MN 55101

I hereby 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 all other like empowered.

SIGNATURE: MAURICE H. CHEW

CFO

04/28/2011

Electronic Signature of Signing Officer or Director

Date