

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004849

FILED
Apr 26, 2012
Secretary of State

Entity Name: GREAT NORTHWEST INSURANCE COMPANY

Current Principal Place of Business:

332 MINNESOTA STREET
SUITE W1800
ST. PAUL, MN 55101

New Principal Place of Business:

Current Mailing Address:

332 MINNESOTA STREET
SUITE W1800
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

OFFICERS AND DIRECTORS:

Title: D
Name: ROCHE, WILLIAM E
Address: ONE PENN PLAZA SUITE 4409
City-St-Zip: NEW YORK, NY 10119

Title: D
Name: EIGEN, MICHAEL K
Address: ONE PENN PLAZA SUITE 4409
City-St-Zip: NEW YORK, NY 10119

Title: P
Name: MORIARITY, CHARLENE D
Address: 332 MINNESOTA STREET SUITE W1800
City-St-Zip: ST PAUL, MN 55101

Title: V
Name: MCDOUGAL, BETH A
Address: 2549 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

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: STEVEN R. GOOD

V

04/26/2012

Electronic Signature of Signing Officer or Director

Date