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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P03259 (9)

95 FEB 28 PM 4:02

1. Corporation Name

MINNESOTA FIRE AND CASUALTY COMPANY

Principal Place of Business	Mailing Address
10225 YELLOW CIRCLE DRIVE MINNETONKA MN 55343	10225 YELLOW CIRCLE DRIVE MINNETONKA MN 55343

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/05/1984
3a. Date of Last Report: 03/24/1994
4. FEI Number: 41-0417250 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JAMES E.	1.2 NAME	
STREET ADDRESS	10225 YELLOW CIRCLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	KLEIST, GARY M	2.2 NAME	
STREET ADDRESS	10225 YELLOW CIRCLE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FITZ PATRICK, FRANK D	3.2 NAME	
STREET ADDRESS	400 N ROBERT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HUNSTAD, ROBERT E	4.2 NAME	
STREET ADDRESS	400 N ROBERT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☒ Change ☐ Addition
NAME	~~BLOOMFIELD, GOLEMAN~~	5.2 NAME	SENKLER, ROBERT L
STREET ADDRESS	400 N ROBERT STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BRUDER, JOHN F	6.2 NAME	
STREET ADDRESS	400 N ROBERT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: GARY M KLEIST GARY M KLEIST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(612) 939-7001
Daytime Phone #

P97000 FP