2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814513

Entity Name: NORTHLAND INSURANCE COMPANY

Current Principal Place of Business:

ONE TOWER SQUARE HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE HARTFORD, CT 06183 US

FEI Number: 41-6009967 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES STREET TALLAHASSEE, FL 32399 US

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:

Title

Electronic Signature of Registered Agent

Name

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHAIRMAN, Title DIRECTOR, VC, CFO

CEO

MACLEAN, BRIAN W Name ONE TOWER SQUARE Address ONE TOWER SQUARE Address

HARTFORD CT 06183 City-State-Zip: City-State-Zip: HARTFORD CT 06183

DIRECTOR, VC, CHIEF INVESTMENT

OFFICER

Name HEYMAN, WILLIAM H

485 LEXINGTON AVENUE Address

SUITE 400

City-State-Zip: NEW YORK NY 10017-2630

CORPORATE SECRETARY Title

SKJERVEN, WENDY C Name

385 WASHINGTON STREET Address

City-State-Zip: ST. PAUL MN 55102

DIRECTOR, EXECUTIVE VICE Title

PRESIDENT, GENERAL COUNSEL

Name SPENCE, KENNETH F. III

385 WASHINGTON STREET Address

City-State-Zip: ST. PAUL MN 55102

Title ASSISTANT CORPORATE

SECRETARY

BENET, JAY S

FILED Mar 24, 2017

Secretary of State

CC3399987834

Date

Name MULCAHY, ANN B.

ONE TOWER SQUARE Address

City-State-Zip: HARTFORD CT 06183

TREASURER, EXECUTIVE VICE Title

PRESIDENT

Name OLIVO, MARIA

485 LEXINGTON AVENUE Address

SUITE 400

City-State-Zip: NEW YORK NY 10017-2630

Title DIRECTOR

Name TOCZYDLOWSKI, GREGORY C.

Address ONE TOWER SQUARE

City-State-Zip: HARTFORD CT 06183

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.

03/24/2017 SIGNATURE: ANN B. MULCAHY ASSISTANT CORPORATE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date