RI SOS Filing Number: 200941876670 Date: 02/11/2009 11:07 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000078269

2. Name of Corporation Northland Risk Management Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 385 WASHINGTON STREET, 9275-SB03N
City or Town: SAINT PAUL State: MN Zip: 55102 Country: USA

4. Business Phone No.

651-310-4100

5. State of Incorporation

State: MN

6. Brief Description of the Character of Business Conducted in Rhode Island

TO PROVIDE RISK MANAGEMENT SERVICES TO GOVERNMENTAL AND COMMERCIAL ENTITIES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	DOUGLAS K RUSSELL	ONE TOWER SQUARE HARTFORD, CT 06183 USA
SECRETARY	WENDY SKJERVEN	385 WASHINGTON STREET ST. PAUL, MN 55102 USA
PRESIDENT	BRIAN W MACLEAN JR	ONE TOWER SQUARE HARTFORD, CT 06183- USA
ASSISTANT SECRETARY	MICHELLE M MESCHKE	385 WASHINGTON STREET ST. PAUL, MN 55102 USA
DIRECTOR	JAY S BENET	ONE TOWER SQUARE HARTFORD, CT 06183 USA
DIRECTOR	JOSEPH P LACHER JR	ONE TOWER SQUARE HARTFORD, CT 06183 USA
DIRECTOR	BRIAN W MACLEAN	ONE TOWER SQUARE HARTFORD, CT 06183 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$1.00	10,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 11 Day of February, 2009 at 11:10:02 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHELLE MESCHKE
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07