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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **804957** **(9)**

1. Corporation Name
NORTHBROOK PROPERTY AND CASUALTY INSURANCE COMPA NY

Principal Place of Business	Mailing Address
3075 SANDERS RD STE - H1B NORTHBROOK IL 60062 US	3075 SANDERS RD STE -H1A NORTHBROOK IL 60062-7119 US

3. Date Incorporated or Qualified: **10/18/1938**
3a. Date of Last Report: **07/01/1996**

2. Principal Place of Business
21 **51 W. Higgins Road**
Suite, Apt. #, etc.
22
City & State
23 **So. Barrington, IL**
Zip: 24 **60010** Country: 25 **USA**

2a. Mailing Address
26 **385 Washington Street**
Suite, Apt. #, etc.
27
City & State
28 **St. Paul, MN**
Zip: 29 **55102** Country: 30 **USA**

4. FEI Number: **36-2542404** ☐ 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

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	☒ DELETE	1.1 TITLE	D/C	☐ Change ☒ Addition
NAME	CHOATE, JERRY DALE		1.2 NAME	Thiele, Patrick A.	
STREET ADDRESS	2775 SANDERS RD		1.3 STREET ADDRESS	385 Washington Street	
CITY ST ZIP	NORTHBROOK IL		1.4 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	P	☒ DELETE	2.1 TITLE	D/P	☐ Change ☒ Addition
NAME	DIXON, EDWARD J		2.2 NAME	Anderson, Bryan V.	
STREET ADDRESS	51 W. HIGGINS RD		2.3 STREET ADDRESS	385 Washington Street	
CITY ST ZIP	S BARRINGTON IL		2.4 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	SVPS	☒ DELETE	3.1 TITLE	V/S	☐ Change ☒ Addition
NAME	PIKE, ROBERT WILLIAM		3.2 NAME	Backberg, Bruce A.	
STREET ADDRESS	2775 SANDERS RD		3.3 STREET ADDRESS	385 Washington Street	
CITY ST ZIP	NORTHBROOK IL		3.4 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	VPC	☒ DELETE	4.1 TITLE	D/V/T	☐ Change ☒ Addition
NAME	PILCH, SAMUEL HENRY		4.2 NAME	Swanson, Donald J.	
STREET ADDRESS	2775 SANDERS RD		4.3 STREET ADDRESS	385 Washington Street	
CITY ST ZIP	NORTHBROOK IL		4.4 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	SVPC	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	SYLLA, CASEY JOSEPH		5.2 NAME	Conroy, Michael J.	
STREET ADDRESS	2775 SANDERS RD		5.3 STREET ADDRESS	385 Washington Street	
CITY ST ZIP	NORTHBROOK IL		5.4 CITY-ST-ZIP	St. Paul, MN 55102	
TITLE	SVP	☒ DELETE	6.1 TITLE	D/V	☐ Change ☒ Addition
NAME	WILSON, THOMAS JOSEPH		6.2 NAME	Schulte, James A.	
STREET ADDRESS	2775 SANDER RD		6.3 STREET ADDRESS	385 Washington Street	
CITY ST ZIP	NORTHBROOK IL		6.4 CITY-ST-ZIP	St. Paul, MN 55102	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 added by attachment with an address.

SIGNATURE: _____ Bruce A. Backberg 2/24/97 612-310-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #