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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
51 W. HIGGINS RD. STE - H1B S. BARRINGTON IL 60010 US	385 WASHINGTON ST. STE -H1A ST. PAUL MN 55102 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 Madison St.	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/18/1938	
Suite, Apt. #, etc. 22 2600	Suite, Apt #, etc. 27	4. FEI Number 36-2542404	☐ Applied For ☐ Not Applicable
City & State 23 Chicago, IL	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 60661-2511 Country 25 US	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC THIELE, PATRICK A 385 WASHINGTON ST. ST. PAUL MN ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ANDERSON, BRYAN V 385 WASHINGTON ST. ST. PAUL MN ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BACKBERG, BRUCE A 385 WASHINGTON ST. ST. PAUL MN ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT SWANSON, DONALD J 385 WASHINGTON ST. ST. PAUL MN ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONROY, MICHAEL J 385 WASHINGTON ST ST. PAUL MN ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHULTE, JAMES A 385 WASHINGTON ST. ST. PAUL MN ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 on an attachment with an address.

SIGNATURE: Edward M Gabriel

CR2E034 (10/97)