## Apr 23, 2001 08:00 AM DOCUMENT # 804957 1. Entity Name **Secretary of State** NORTHBROOK PROPERTY AND CASUALTY INSURANCE COMPANY Principal Place of Business Mailing Address 500 MADISON ST 385 WASHINGTON ST. STE 2600 CHICAGO ST. PAUL MN IL 60661 55102 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2542404 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSURANCE COMMISSIONER CAPITOL BUILDING Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL32304 Zip Code 8. 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 04/23/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE CR2E034 (11/00) ☐ Delete TITLE X Change ☐ Addition MAME LISKA PAUL NAME LAMENDOLA ROBERT 385 WASHINGTON ST. STREET ADDRESS STREET ADDRESS 385 WASHINGTON ST. CITY-ST-ZIP ST. PAUL MN CITY-ST-ZIP ST. PAUL $\mathbf{v}$ ☐ Delete TITLE X Change NAME CONROY MICHAEL THOMAS NAME BERGMANN STREET ADDRESS 385 WASHINGTON ST STREET ADDRESS 385 WASHINGTON ST CITY-ST-ZIP ST. PAUL MN CITY-ST-ZIP ST. PAUL MN 55102 ☐ Delete TITLE VD X Change ☐ Addition KLINGEL STEPHEN NAME KLINGEL STEPHEN STREET ADDRESS 385 WASHINGTON ST. STREET ADDRESS 385 WASHINGTON ST. CITY-ST-ZIP ST. PAUL MN CITY-ST-ZIP ST. PAUL 55102 MN ☐ Delete TITLE Change ☐ Addition BACKBERG NAME BACKBERG BRUCE 385 WASHINGTON ST. STREET ADDRESS STREET ADDRESS 385 WASHINGTON ST. CITY-ST-ZIP ST. PAUL MN CITY-ST-ZIP ST. PAUL 55102 MN TITLE DΡ ☐ Delete TOTALE DPC X Change ☐ Addition ANDERSON BRYAN NAME LEATHERDALE **DOUGLAS** STREET ADDRESS 385 WASHINGTON ST. STREET ADDRESS 385 WASHINGTON ST. CITY-ST-ZIP ST. PAUL MN CITY-ST-ZIP ST. PAUL MN TITLE Delete TITLE $\mathbf{DV}$ Change ☐ Addition WIESE SANDRA NAME CONROY MICHAEL STREET ADDRESS 385 WASHINGTON ST. STREET ADDRESS 385 WASHINGTON ST. CITY-ST-ZIP ST. PAUL CITY-ST-ZIP ST. PAUL 55102 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

04/23/2001

Date

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

BRUCE A. BACKBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_