2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 804957

FILED Apr 10, 2003 Secretary of State

Entity Name: NORTHBROOK PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:			New Principal Place of Business:			
Current Fi	ilicipai riace	or Business.	MEW FILL	ipai riace oi L	Jusiliess.	
500 MADIS	ON ST					
STE 2600 CHICAGO,	IL 60661 U	S				
Current Mailing Address:			New Mailing Address:			
385 WASHINGTON ST. ST. PAUL, MN 55102 US			385 WASHINGTON ST. MAIL CODE 515A ST. PAUL, MN 55102 US			
FEI Number: 36-2542404 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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:						
		c Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDI				S/CHANGES 1	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DV () I MILLER, TIMOTH 385 WASHINGTO ST. PAUL, MN 5	ON ST.	Title: Name: Address: City-St-Zip:	CPD (X) MILLER, TIMOTH 385 WASHINGTO ST. PAUL, MN 5	ON ST.	
Title: Name: Address: City-St-Zip:		Delete	Title: Name: Address: City-St-Zip:		Change()Addition EGORY T ISON STREET	
Title: Name: Address: City-St-Zip:	VS () I BACKBERG, BR 385 WASHINGTO ST. PAUL, MN 5	ON ST.	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	VD () KLINGEL, STEPI 385 WASHINGTO ST. PAUL, MN 5	HEN J ON ST.	Title: Name: Address: City-St-Zip:	D (X) SCOTT, JOHN G 500 W. MADISO CHICAGO, IL 60	N STREET	
Title: Name: Address: City-St-Zip:	VT () I MCDONOUGH, F 385 WASHINGTO ST. PAUL, MN 5	ON ST	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LAMENDOLA, RO 385 WASHINGTO ST. PAUL, MN 5	ON ST.	Title: Name: Address: City-St-Zip:	VD (X) TREACY, JOHN 385 WASHINGTO ST. PAUL, MN 5	ON ST.	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE A. BACKBERG VS 04/10/2003