SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/6/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **808989** **(8)**

1. Corporation Name
NORTHWESTERN NATIONAL CASUALTY COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
18650 W. CORPORATE DR. (BROOKFIELD, WI) P.O. BOX 2070 MILWAUKEE WI 53201	18650 W. CORPORATE DR. (BROOKFIELD, WI) P.O. BOX 2070 MILWAUKEE WI 53201

3. Date Incorporated or Qualified: **07/07/1952**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **39-6072958** ☐ 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

COMMISSIONER OF INSURANCE
BILL GUNTER
STATE CAPITOL
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 _____ 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	VTD	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, HOWARD C.	1.2 NAME		
STREET ADDRESS	18650 W. CORPORATE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE	CSD	☒ Change ☐ Addition
NAME	DUBOIS, DUANE R	2.2 NAME	Alexander M. Vik	
STREET ADDRESS	18650 W. CORPORATE DR.	2.3 STREET ADDRESS	10 Ashton Drive	
CITY-ST-ZIP	BROOKFIELD WI	2.4 CITY-ST-ZIP	Greenwich CT 06831	
TITLE	CD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	SNYDER, C. ROBERT	3.2 NAME	Gustav M. Vik	
STREET ADDRESS	18650 W. CORPORATE DR.	3.3 STREET ADDRESS	18650 W. Corporate Dr.	
CITY-ST-ZIP	BROOKFIELD WI	3.4 CITY-ST-ZIP	Brookfield WI 53045	
TITLE	PD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	KING, R. ROYAL	4.2 NAME	Stephen J. Greenberg	
STREET ADDRESS	18650 W. CORPORATE DR.	4.3 STREET ADDRESS	1000 Lenox Dr.	
CITY-ST-ZIP	BROOKFIELD WI	4.4 CITY-ST-ZIP	Lawrenceville NJ 08648	
TITLE	VD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	WILLIQUETTE, GERALD F.	5.2 NAME	Stephen L. Kibblehouse	
STREET ADDRESS	18650 W. CORPORATE DR.	5.3 STREET ADDRESS	1000 Lenox Dr.	
CITY-ST-ZIP	BROOKFIELD WI	5.4 CITY-ST-ZIP	Lawrenceville NJ 08648	
TITLE	VD	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	WHEALON, ROBERT F.	6.2 NAME	Bruce W. Herrick	
STREET ADDRESS	18650 W. CORPORATE DR.	6.3 STREET ADDRESS	1000 Lenox Dr.	
CITY-ST-ZIP	BROOKFIELD WI	6.4 CITY-ST-ZIP	Lawrenceville NJ 08648	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ June 27, 1995 414/792-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Duane R. DuBois

0181004 FTN