FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 808989 (8)

1. Corporation Name
NORTHWESTERN NATIONAL CASUALTY COMPANY

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: 07/07/1995
4. FEI Number: 39-6072958 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 ______

12. OFFICERS AND DIRECTORS

TITLE	VTD	☐ DELETE
NAME	MILLER, HOWARD C.	
STREET ADDRESS	18650 W. CORPORATE DR.	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	CSD	☐ DELETE
NAME	VIK, ALEXANDER M.	
STREET ADDRESS	10 ASHTON DRIVE	
CITY-ST-ZIP	GREENWICH CT	
TITLE	PD	☐ DELETE
NAME	GUSTAV, M. VIK	
STREET ADDRESS	18650 W. CORPORATE DR.	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	VD	☐ DELETE
NAME	GREENBERG, STEPHEN J.	
STREET ADDRESS	1000 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	VD	☐ DELETE
NAME	KIBBLEHOUSE, STEPHEN L.	
STREET ADDRESS	1000 LENOX DR.	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	VD	☐ DELETE
NAME	HERRICK, BRUCE W.	
STREET ADDRESS	1000 LENOX DR.	
CITY-ST-ZIP	LAWRENCE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	VIK, GUSTAV M.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Howard C. Miller

02/01/96 Date
414/792-0414 Daytime Phone #

CR2E034 (12/95)