PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 NOV 10 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **808989**

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1952

5. FEI Number: 39-6072958 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VTD	MILLER, HOWARD C.	18650 W. CORPORATE DR.	BROOKFIELD WI 53045
~~OSD~~ C/D	~~MK, ALEXANDER M.~~ HAVERLAND, RICHARD M.	~~40 ASHTON DRIVE~~ 1000 LENOX DRIVE	~~GREENWICH CT~~ LAWRENCEVILLE, NJ 08648
~~PD~~ P/D	~~MK, GUSTAV M~~ MARINO, JAMES F.	~~18650 W. CORPORATE DR.~~ 1000 LENOX DRIVE	~~BROOKFIELD WI~~ LAWRENCEVILLE, NJ 08648
~~VD~~ V/S/D	GREENBERG, STEPHEN J.	1000 LENOX DR	LAWRENCEVILLE NJ 08648
VD	KIBBLEHOUSE, STEPHEN L.	1000 LENOX DR.	LAWRENCEVILLE NJ
~~V~~ V	~~HERRICK, BRUCE W.~~ DUBOIS, DUANE R.	~~1000 LENOX DR.~~ 18650 W. Corporate Drive	~~LAWRENCE NJ~~ Brookfield, WI 53045

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COMMISSIONER OF INSURANCE [redacted] STATE CAPITOL TALLAHASSEE FL 32304	Name: BILL NELSON Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

700002346487--1
11/13/97--01070--022
****750.00 ****750.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ DUANE R. DUBOIS 10/30/97 (414) 792-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

V	Donaldson, David C.	1000 Lenox Dr.	Lawrenceville, NJ 08648
V	Fanale, Michael J.	1000 Lenox Dr.	Lawrenceville, NJ 08648
V	Murphy, Richard F.	1000 Lenox Dr.	Lawrenceville, NJ 08648
V	Sukla, Ralph A.	1000 Lenox Dr.	Lawrenceville, NJ 08648
V	Thompson, Keith D.	1000 Lenox Dr.	Lawrenceville, NJ 08648
V	King, R. Royal	18650 W. Corporate Dr.	Brookfield, WI 53045
V	Stuepfert, Ronald A.	18650 W. Corporate Dr.	Brookfield, WI 53045
V	Medlin, Dennis B.	4011 Westchase Blvd.	Raleigh, NC 27607