

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**APPROVED  
AND  
FILED**

97 NOV 10 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 808989**

1. Corporation Name

**NORTHWESTERN NATIONAL CASUALTY COMPANY**

Principal Place of Business

18650 W. CORPORATE DR. (BROOKFIELD, WI)  
P.O. BOX 2070  
MILWAUKEE WI 53201

Mailing Address

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.

|                                                |  |                                              |  |                                                                                                                      |  |
|------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida                                                          |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 07/07/1952                                                                                                           |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number                                                                                                        |  |
| Zip                                            |  | Country                                      |  | 39-6072958                                                                                                           |  |
|                                                |  |                                              |  | Applied For                                                                                                          |  |
|                                                |  |                                              |  | Not Applicable                                                                                                       |  |
|                                                |  |                                              |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)         | Name of Officers and/or Directors                     | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip                                  |
|------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1 VTD            | 2 MILLER, HOWARD C.                                   | 3 18650 W. CORPORATE DR.                                                            | 4 BROOKFIELD WI 53045                               |
| <del>C/D</del>   | <del>WIK, ALEXANDER M.</del><br>HAVERLAND, RICHARD M. | <del>40 ASHTON DRIVE</del><br>1000 LENOX DRIVE                                      | <del>GREENWICH CT</del><br>LAWRENCEVILLE, NJ 08648  |
| <del>P/D</del>   | <del>WIK, GUSTAV M.</del><br>MARINO, JAMES F.         | <del>10050 W. CORPORATE DR.</del><br>1000 LENOX DRIVE                               | <del>BROOKFIELD WI</del><br>LAWRENCEVILLE, NJ 08648 |
| <del>V/S/D</del> | <del>GREENBERG, STEPHEN J.</del>                      | 1000 LENOX DR                                                                       | LAWRENCEVILLE NJ 08648                              |
| VD               | KIBBLEHOUSE, STEPHEN L.                               | 1000 LENOX DR.                                                                      | LAWRENCEVILLE NJ                                    |
| <del>V</del>     | <del>HERRICK, BRUCE W.</del><br>DUBOIS, DUANE R.      | <del>1000 LENOX DR.</del><br>18650 W. Corporate Drive                               | <del>LAWRENCE NJ</del><br>Brookfield, WI 53045      |

8. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE  
~~INSURANCE~~  
STATE CAPITOL  
TALLAHASSEE FL 32304

9. Name and Address of New Registered Agent

Name  
+ **BILL NELSON**  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City

State  
**FL**  
Zip Code

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

REGISTERED AGENT MUST SIGN

**700002346487--1**  
Date **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DUANE R. DUBOIS**

10/30/97

Date

(414) 792-3144

Daytime Phone #

CRZ0040 (8/97)

|   |                      |                        |                         |
|---|----------------------|------------------------|-------------------------|
| 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       |