FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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, Wisconsin 53201	18650 W. Corporate Dr. (Brookfield, WI) P.O. Box 2070 Milwaukee, Wisconsin 53210

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 7/7/1952

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes XX No

9. Name and Address of Current Registered Agent

Commissioner of Insurance
Bill Nelson
State Capital
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 _____ (Qualified Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Haverland, Richard M.		12 NAME	
STREET ADDRESS	1000 Lenox Drive		13 STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville, NJ 08648		14 CITY ST ZIP	
TITLE	P/D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Marino, James F.		22 NAME	
STREET ADDRESS	1000 Lenox Drive		23 STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville, NJ 08648		24 CITY ST ZIP	
TITLE	V/S/D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Greenberg, Stephen J.		32 NAME	
STREET ADDRESS	1000 Lenox Drive		33 STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville, NJ 08648		34 CITY ST ZIP	
TITLE	V/T/D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Miller, Howard C.		42 NAME	
STREET ADDRESS	18650 W. Corporate Drive		43 STREET ADDRESS	
CITY-ST-ZIP	Brookfield, Wisconsin 53045		44 CITY ST ZIP	
TITLE	V/D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Kibblehouse, Stephen L.		52 NAME	
STREET ADDRESS	1000 Lenox Drive		53 STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville, NJ 08648		54 CITY ST ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	DuBois, Duane R.		62 NAME	
STREET ADDRESS	18650 W. Corporate Drive		63 STREET ADDRESS	
CITY-ST-ZIP	Brookfield, WI 53045		64 CITY ST ZIP	

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4.28

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***150.00

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental 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: _____ Duane R. DuBois — 4/15/98 — (414)792-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #