

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90119 005 \*\*\*150.00

DOCUMENT #

808989

1. Corporation Name

Northwestern National Casualty Company

Principal Place of Business

18650 W. Corporate Drive  
Brookfield, WI 53045

Mailing Address

10370 Richmond Avenue  
Houston, TX 77042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/7/52

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Commissioner of Insurance  
Bill Nelson  
State Capitol  
Tallahassee, FL 32304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/C/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard M. Haverland	1.2 NAME	
STREET ADDRESS	1000 Lenox Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville, NJ 08648	1.4 CITY-ST-ZIP	
TITLE	V/S/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen J. Greenberg	2.2 NAME	
STREET ADDRESS	1000 Lenox Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville, NJ 08648	2.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles J. Bachand	3.2 NAME	
STREET ADDRESS	10370 Richmond Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Houston, TX 77042	3.4 CITY-ST-ZIP	
TITLE	V/T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwayne D. Hallman	4.2 NAME	
STREET ADDRESS	10370 Richmond Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Houston, TX 77042	4.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen L. Kibblehouse	5.2 NAME	
STREET ADDRESS	1000 Lenox Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville, NJ 08648	5.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David C. Donaldson	6.2 NAME	
STREET ADDRESS	1000 Lenox Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville, NJ 08648	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Stephen L. Kibblehouse

Stephen L. Kibblehouse

3/5/99

609-895-3009

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)