

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 808989**

1. Entity Name

**NORTHWESTERN NATIONAL CASUALTY COMPANY****FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90130 010 \*\*\*150.00

Principal Place of Business  
**18650 W CORPORATE DRIVE  
BROOKFIELD WI 53045**Mailing Address  
**1000 LENOX DR  
LAWRENCEVILLE NJ 08648**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **39-6072958**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMISSIONER OF INSURANCE  
BILL NELSON  
STATE CAPITOL  
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	BACHAND, CHARLES J	10370 RICHMOND AVE	HOUSTON TX 77042	<input type="checkbox"/> Delete	TVD		1000 Lenox Drive	Lawrenceville, NJ 08648	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PCD	KING, WILLIS T JR	1000 LENOX DRIVE	LAWRENCEVILLE NJ 08648	<input type="checkbox"/> Delete	CD				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VT	HALLMAN, DWAYNE D	10370 RICHMOND AVE	HOUSTON TX 77042	<input checked="" type="checkbox"/> Delete	PD	John W. Cowley	1000 Lenox Drive	Lawrenceville, NJ 08648	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VSD	GREENBERG, STEPHEN J.	1000 LENOX DR	LAWRENCEVILLE NJ 08648	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	KIBBLEHOUSE, STEPHEN L	1000 LENOX DR.	LAWRENCEVILLE NJ 08648	<input type="checkbox"/> Delete	SVD				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	DONALDSON, DAVID C	1000 LENOX DRIVE	LAWRENCEVILLE NJ 08648	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen L. Kibblehouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/01 (609) 895-3009

Daytime Phone #

CR2E034 (10/00)