

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90161 011 ***150.00

DOCUMENT # 808989

1. Entity Name
NORTHWESTERN NATIONAL CASUALTY COMPANY



Principal Place of Business
**18650 W CORPORATE DRIVE
BROOKFIELD WI 53045**

Mailing Address
**1000 LENOX DR
LAWRENCEVILLE NJ 08648**

2. Principal Place of Business
275 Phillips Blvd

3. Mailing Address
275 Phillips Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Trenton, NJ

City & State
Trenton, NJ

4. FEI Number **39-6072958**

Applied For

Not Applicable

Zip
08618

Country
USA

Zip
08618

Country
USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFOT	<input type="checkbox"/> Delete
NAME	MARINO, ALBERT J	
STREET ADDRESS	1000 LENOX DRIVE	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BROOKES, ROBERT J	
STREET ADDRESS	1000 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARDZINSKI, GEORGEAN M	
STREET ADDRESS	1000 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	CED	<input type="checkbox"/> Delete
NAME	KIBBLEHOUSE, STEPHEN L.	
STREET ADDRESS	1000 LENOX DR.	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DONALDSON, DAVID C	
STREET ADDRESS	1000 LENOX DRIVE	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CFOTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	275 PHILLIPS BLVD	
CITY-ST-ZIP	TRENTON NJ 08618	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	275 PHILLIPS BLVD	
CITY-ST-ZIP	TRENTON NJ 08618	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	275 PHILLIPS BLVD	
CITY-ST-ZIP	TRENTON NJ 08618	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	275 PHILLIPS BLVD	
CITY-ST-ZIP	TRENTON NJ 08618	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD C PLUNKETT	
STREET ADDRESS	275 PHILLIPS BLVD	
CITY-ST-ZIP	TRENTON NJ 08618	

12. 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 10 or Block 11 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

Daytime Phone #

(609) 895-3009

CR2E034 (10/02)