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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **842128** **(1)**

1. Corporation Name
NORTHBROOK NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
3075 SANDERS RD STE- H1B NORTHBROOK IL 60062 US	3075 SANDERS RD STE - H1A NORTHBROOK IL 60062-7119 US

3. Date Incorporated or Qualified: 12/20/1979
3a. Date of Last Report: 07/01/1996
4. FEI Number: 36-2999370 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 51 W. Higgins Road	26 385 Washington Street
22 Suite Apt. #, etc.	27 Suite Apt. #, etc.
23 City & State: So. Barrington, IL	28 City & State: St. Paul, MN
24 Zip: 60010 25 Country: U.S.A.	29 Zip: 55102 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
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 _____ DATE _____
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB ☒ DELETE	1.1 TITLE	D/C ☐ Change ☒ Addition
NAME	CHOATE, JERRY DALE	1.2 NAME	Thiele, Patrick A.
STREET ADDRESS	2775 SANDERS RD	1.3 STREET ADDRESS	385 Washington Street
CITY-ST-ZIP	NORTHBROOK IL	1.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	P ☒ DELETE	2.1 TITLE	D/P ☐ Change ☒ Addition
NAME	DIXON, EDWARD J	2.2 NAME	Anderson, Bryan V.
STREET ADDRESS	51 W. HIGGINS RD	2.3 STREET ADDRESS	385 Washington Street
CITY-ST-ZIP	S BARRINTON IL	2.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	SVPS ☒ DELETE	3.1 TITLE	V/S ☐ Change ☒ Addition
NAME	PIKE, ROBERT WILLIAM	3.2 NAME	Backberg, Bruce A.
STREET ADDRESS	2775 SANDERS RD	3.3 STREET ADDRESS	385 Washington Street
CITY-ST-ZIP	NORTHBROOK IL	3.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	VPC ☒ DELETE	4.1 TITLE	D/V/T ☐ Change ☒ Addition
NAME	PILCH, SAMUEL HENRY	4.2 NAME	Swanson, Donald J.
STREET ADDRESS	2775 SANDERS RD	4.3 STREET ADDRESS	385 Washington Street
CITY-ST-ZIP	NORTHBROOK IL	4.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	SVPC ☒ DELETE	5.1 TITLE	V ☐ Change ☒ Addition
NAME	SYLLA, CASEY JOSEPH	5.2 NAME	Conroy, Michael J.
STREET ADDRESS	2775 SANDERS RD	5.3 STREET ADDRESS	385 Washington Street
CITY-ST-ZIP	NORTHBROOK IL	5.4 CITY-ST-ZIP	St. Paul, MN 55102
TITLE	SVP ☒ DELETE	6.1 TITLE	D/V ☐ Change ☒ Addition
NAME	WILSON, THOMAS JOSEPH	6.2 NAME	Schulte, James A.
STREET ADDRESS	2775 SANDERS RD	6.3 STREET ADDRESS	385 Washington Street
CITY-ST-ZIP	NORTHBROOK IL	6.4 CITY-ST-ZIP	St. Paul, MN 55102

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ Bruce A. Backberg 2/24/97 612-310-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #