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
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90170 020 ***150.00

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DOCUMENT # **842128**

1. Corporation Name
NORTHBROOK NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
500 MADISON ST 2600 CHICAGO IL 60661 US	385 WASHINGTON STREET ST PAUL MN 55102 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/20/1979

4. FEI Number: 36-2999370 ☐ Applied For ☐ Not Applicable

5. Certifcate 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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, typed or printed 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	DC	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	THIELE, PATRICK A		1.2 NAME	Sandra U. Wiese	
STREET ADDRESS	385 WASHINGTON ST.		1.3 STREET ADDRESS	385 Washington St.	
CITY-ST-ZIP	ST. PAUL MN		1.4 CITY-ST-ZIP	St. Paul MN 55102	
TITLE	SP	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ANDERSON, BRYAN V		2.2 NAME		
STREET ADDRESS	385 WASHINGTON ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BACKBERG, BRUCE A		3.2 NAME		
STREET ADDRESS	385 WASHINGTON STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		3.4 CITY-ST-ZIP		
TITLE	DVT	☒ DELETE	4.1 TITLE	VTD	☐ Change ☒ Addition
NAME	SWANSON, DONALD J		4.2 NAME	Thomas A. Bradley	
STREET ADDRESS	385 WASHINGTON STREET		4.3 STREET ADDRESS	385 Washington St.	
CITY-ST-ZIP	ST. PAUL MN		4.4 CITY-ST-ZIP	St. Paul MN 55102	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CONROY, MICHAEL J		5.2 NAME		
STREET ADDRESS	385 WASHINGTON STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		5.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	SCHULTE, J A		6.2 NAME	Gary P. Hanson	
STREET ADDRESS	385 WASHINGTON STREET		6.3 STREET ADDRESS	385 Washington St.	
CITY-ST-ZIP	ST. PAUL MN		6.4 CITY-ST-ZIP	St. Paul MN 55102	

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: Sandra Ulsaker Wiese Sandra Ulsaker Wiese 3/18/99 651-310-8506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)