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FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 842143 (0)

1. Corporation Name
NORTHBROOK INDEMNITY COMPANY

Principal Place of Business

3075 SANDERS RD
STE - H1B
NORTHBROOK IL 60062
US

Mailing Address

3075 SANDERS RD
STE-H1A
NORTHBROOK IL 60062-7119
US



2. Principal Place of Business

21 51 W. Higgins Road
Suite, Apt. #, etc.

22 City & State

23 So. Barrington, IL
Zip Country

24 60010

25 USA

2a. Mailing Address

26 385 Washington Street
Suite, Apt. #, etc.

27 City & State

28 St. Paul, MN
Zip Country

29 55102

30 USA

3. Date Incorporated or Qualified

12/21/1979

3a. Date of Last Report

07/01/1996

4. FEI Number

36-2999368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITAL 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

(Signature of officer or printed name of registered agent and filed applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	CHOATE, JERRY DALE	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, EDWARD J	
STREET ADDRESS	51 W. HIGGINS RD	
CITY-ST-ZIP	S BARRINGTON IL	
TITLE	SVPS	<input checked="" type="checkbox"/> DELETE
NAME	PIKE, ROBERT WILLIAM	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	PILCH, SAMUEL HENRY	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	SVPC	<input checked="" type="checkbox"/> DELETE
NAME	SYLLA, CASEY JOSEPH	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, THOMAS J	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thiele, Patrick A.	
1.3 STREET ADDRESS	385 Washington Street	
1.4 CITY-ST-ZIP	St. Paul, MN 55102	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Anderson, Bryan V.	
2.3 STREET ADDRESS	385 Washington Street	
2.4 CITY-ST-ZIP	St. Paul, MN 55102	
3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Backberg, Bruce A.	
3.3 STREET ADDRESS	385 Washington Street	
3.4 CITY-ST-ZIP	St. Paul, MN 55102	
4.1 TITLE	D/V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Swanson, Donald J.	
4.3 STREET ADDRESS	385 Washington Street	
4.4 CITY-ST-ZIP	St. Paul, MN 55102	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Conroy, Michael J.	
5.3 STREET ADDRESS	385 Washington Street	
5.4 CITY-ST-ZIP	St. Paul, MN 55102	
6.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Schulte, James A.	
6.3 STREET ADDRESS	385 Washington Street	
6.4 CITY-ST-ZIP	St. Paul, MN 55102	

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 in an attachment with an address.

SIGNATURE:

Bruce A. Backberg

Bruce A. Backberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

612-310-7911

Date

Daytime Phone #

CR2E034 (9/96)