

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

51 W. HIGGINS  
STE - H18  
S. BARRINGTON IL 60010  
US

385 WASHINGTON ST.  
STE-H1A  
ST. PAUL MN 55102  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1979

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 500 Madison St.

Suite, Apt. #, etc.

22 2600

City & State

23 Chicago, IL

Zip

24 60661-2511

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
THIELE, PATRICK A  
385 WASHINGTON ST.  
ST. PAUL MN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ANDERSON, BRYAN V  
385 WASHINGTON ST.  
ST. PAUL MN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
BACKBERG, BRUCE A  
385 WASHINGTON ST.  
ST. PAUL MN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
SWANSON, DONALD J  
385 WASHINGTON ST.  
ST. PAUL MN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CONROY, MICHAEL J  
385 WASHINGTON ST.  
ST. PAUL MN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
SCHULTE, JAMES A  
385 WASHINGTON ST.  
ST. PAUL MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *Edward M. G...*

CR2E034 (10/97)