

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**  
 05-20-2000 90013 001 \*1,800.00

**DOCUMENT # 842143**

1. Entity Name

**NORTHBROOK INDEMNITY COMPANY**

Principal Place of Business

Mailing Address

500 MADISON ST  
 2600  
 CHICAGO IL 60661  
 US

385 WASHINGTON ST.  
 STE-H1A  
 ST. PAUL MN 55102-1309  
 US

15131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 2600**

Suite, Apt. #, etc.  
**Remove: Ste-H1A**

City & State

City & State

4. FEI Number **36-2999368**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**FLORIDA STATE INSURANCE COMMISSIONER  
 THE CAPITAL BUILDING  
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **S** ☐ Delete  
 NAME **WIESE, SANDRA**  
 STREET ADDRESS **385 WASHINGTON ST.**  
 CITY-ST-ZIP **ST. PAUL MN**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **BACKBERG, BRUCE A**  
 STREET ADDRESS **385 WASHINGTON ST.**  
 CITY-ST-ZIP **ST. PAUL MN**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **LISKA, PAUL J**  
 STREET ADDRESS **385 WASHINGTON ST.**  
 CITY-ST-ZIP **ST. PAUL MN**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT** ☐ Change ☒ Addition  
 NAME **BERGMANN, THOMAS E.**  
 STREET ADDRESS **385 WASHINGTON STREET**  
 CITY-ST-ZIP **ST. PAUL, MN 55102**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sandra Ulsaker Wiese*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sandra Ulsaker Wiese**

1-28-00

651-310-8506

Date

Daytime Phone #