

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90042 014 ***150.00

DOCUMENT # F93000001806

1. Entity Name

NATIONAL INTERSTATE INSURANCE COMPANY

Principal Place of Business

Mailing Address

29325 CHAGRIN BLVD
 PEPPER PIKE OH 44122

29325 CHAGRIN BLVD
 PEPPER PIKE OH 44122

2. Principal Place of Business

3250 Interstate Drive
 Suite, Apt. #, etc.

3. Mailing Address

3250 Interstate Drive
 Suite, Apt. #, etc.

City & State

Richfield, OH

City & State

Richfield, OH

Zip

Country

44286-9000 USA

Zip

Country

44286-9000 USA

4. FEI Number

34-1607395

Applied For

Not Applicable

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 INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32399-0300

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, 2001 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 CP ☐ Delete
 NAME SPACHMAN, ALAN R
 STREET ADDRESS 2081 EDGEVIEW DRIVE
 CITY-ST-ZIP HUDSON OH

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

TITLE DV ☐ Delete
 NAME PHILLIPS, TERRY E
 STREET ADDRESS 313 HALIFAX CT
 CITY-ST-ZIP SAGAMORE HILLS OH 44067

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

TITLE VD ☐ Delete
 NAME MONDA, GARY N
 STREET ADDRESS 509 FAWN CT
 CITY-ST-ZIP CHAGRIN FALLS OH 44022

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

TITLE VS ☐ Delete
 NAME MORONEY, MICHAEL J
 STREET ADDRESS 588 KENILWORTH RD
 CITY-ST-ZIP BAY VILLAGE OH 44140

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

TITLE TVD ☐ Delete
 NAME KRAUS, ARTHUR M
 STREET ADDRESS 1955 WINCHESTER
 CITY-ST-ZIP LYNDHURST OH

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

TITLE DAV ☐ Delete
 NAME HATHY, TIMOTHY S
 STREET ADDRESS 18110 TREASURE ISLE
 CITY-ST-ZIP STRONGSVILLE OH

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)