

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09527

1. Entity Name

NATIONAL CONTINENTAL INSURANCE COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 009 ***150.00

Principal Place of Business

WILSON MILLS RD
 VILLAGE OH 44143

Mailing Address

6300 WILSON MILLS RD
 MAYFIELD VILLAGE OH 44143-2109

2. Principal Place of Business

1200 VETERAN'S MEMORIAL HWY
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

W33

City & State

HAUPPA: NY

City & State

Zip

11788

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0281045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THE FLORIDA STATE INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOUCHERLE, CHARLES C	
STREET ADDRESS	6300 WILSON HILLS RD.	
CITY-ST-ZIP	HAYFIELD VILLAGE OH 44143	
TITLE	ATAV	<input type="checkbox"/> Delete
NAME	DOLOHANTY, JANET A	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHOKEL, CHARLES B	
STREET ADDRESS	6300 WILSON MILLS RD.	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, DAVID M/	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CERNY, KATHLEEN M	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6300 Wilson Mills Road	
STREET ADDRESS	MAYFIELD VILLAGE, OH 44143	
CITY-ST-ZIP	ATVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AVP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SHRALLOW, DANE A.	
CITY-ST-ZIP	300 N. COMMONS BLVD	
	MAYFIELD VILLAGE, OH 44143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 N. COMMONS BLVD	
STREET ADDRESS	MAYFIELD VILLAGE, OH 44143	
CITY-ST-ZIP	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORRESTER, W. THOMAS II	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143	

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, without other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)