

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90130 017 \*\*\*150.00

DOCUMENT # P09527

1. Entity Name

NATIONAL CONTINENTAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

1200 VETERAN'S MEMORIAL HIGHWAY  
SUITE 100  
HAUPPAUGE NY 11788  
US

6300 WILSON MILLS RD  
#W33  
MAYFIELD VILLAGE OH 44143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

THE FLORIDA STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box)

City

FL

Zip

NO CHANGE

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	PD	<input type="checkbox"/> Delete
NAME	BOUCHERLE, CHARLES C	
STREET ADDRESS	6300 WILSON MILLS ROAD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	ATVP	<input type="checkbox"/> Delete
NAME	DOLOHANTY, JANET A	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	AVPD	<input checked="" type="checkbox"/> Delete
NAME	CHOKEL, CHARLES B	
STREET ADDRESS	6300 WILSON MILLS RD.	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHRALLOW, DANE A	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CERNY, KATHLEEN M	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FORRESTER II, W THOMAS	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	CLEVELAND OH 44143	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	747 Alpha Dr.
CITY-ST-ZIP	Highland Hts. OH 44143
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300 N. Commons Blvd.
CITY-ST-ZIP	Mayfield Village, OH 44143
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	Jeffrey W. Basch
CITY-ST-ZIP	6300 Wilson Mills Rd.
	Mayfield Village, OH 44143
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)