

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90087 005 ***150.00

DOCUMENT # P09527

1. Entity Name
NATIONAL CONTINENTAL INSURANCE COMPANY

Principal Place of Business

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

Mailing Address

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 Number is Not Accepted)

Larson Building

City **Tallahassee**

FL 32309-0300

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, 2002 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 ☐ Delete
NAME **PD BOUCHERLE, CHARLES C**
STREET ADDRESS **747 ALPHA DRIVE**
CITY-ST-ZIP **HIGHLAND HEIGHTS OH 44143**

TITLE ☒ Change ☐ Addition
NAME **300 N. Commons Blvd.**
STREET ADDRESS **Mayfield Village, OH 44143**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ATVP DOLOHANTY, JANET A**
STREET ADDRESS **200 N COMMONS BOULEVARD**
CITY-ST-ZIP **HIGHLAND HEIGHTS OH 44143**

TITLE ☒ Change ☐ Addition
NAME **James L. Kusmer**
STREET ADDRESS **6300 Wilson Mills Rd.**
CITY-ST-ZIP **Mayfield Village, OH 44143**

TITLE ☐ Delete
NAME **VP BASCH, JEFFREY W**
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

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

TITLE ☐ Delete
NAME **S SHRALLOW, DANE A**
STREET ADDRESS **300 N COMMONS BLVD**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

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

TITLE ☐ Delete
NAME **AS CERNY, KATHLEEN M**
STREET ADDRESS **300 N COMMONS BLVD**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

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

TITLE ☐ Delete
NAME **FF FORRESTER II, W THOMAS**
STREET ADDRESS **6300 WILSON MILLS RD**
CITY-ST-ZIP **CLEVELAND OH 44143**

TITLE ☒ Change ☐ Addition
NAME **Director, VP**
STREET ADDRESS **Mayfield Village, OH 44143**
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)