


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90578 024 \*\*\*150.00

<b>DOCUMENT # P09527</b>	
1. Entity Name <b>NATIONAL CONTINENTAL INSURANCE COMPANY</b>	

Principal Place of Business <b>1200 VETERAN'S MEMORIAL HIGHWAY SUITE 100 HAUPPAUGE, NY 11788 US</b>	Mailing Address <b>6300 WILSON MILLS RD #W33 MAYFIELD VILLAGE, OH 44143</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04052004 Chg-P CR2E034 (10/03)

4. FEI Number <b>06-0281045</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DIRECTOR OF OFFICE OF INSURANCE REG P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BOUCHERLE, CHARLES C</b>		NAME <b>WILLIAM T. CASSELLA</b>	
STREET ADDRESS <b>300 N COMMONS BLVD</b>		STREET ADDRESS <b>5920 LANDERBROOK DR.</b>	
CITY-ST-ZIP <b>MAYFIELD VILLAGE, OH 44143</b>		CITY-ST-ZIP <b>MAYFIELD HTS, OH 44124</b>	
TITLE <b>ATVP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KUSMER, JAMES L</b>		NAME	
STREET ADDRESS <b>6300 WILSON MILLS RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAYFIELD VILLAGE, OH 44143</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BASCH, JEFFREY W</b>		NAME	
STREET ADDRESS <b>6300 WILSON MILLS RD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAYFIELD VILLAGE, OH 44143</b>		CITY-ST-ZIP	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHRALLOW, DANE A</b>		NAME	
STREET ADDRESS <b>300 N COMMONS BLVD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAYFIELD VILLAGE, OH 44143</b>		CITY-ST-ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CERNY, KATHLEEN M</b>		NAME	
STREET ADDRESS <b>300 N COMMONS BLVD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAYFIELD VILLAGE, OH 44143</b>		CITY-ST-ZIP	
TITLE <b>DVP</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORRESTER II, W THOMAS</b>		NAME	
STREET ADDRESS <b>6300 WILSON MILLS RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAYFIELD, OH 44143</b>		CITY-ST-ZIP <b>Mayfield Village, OH 44143</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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 #