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FILED  
14 APR 17 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT.**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** PO9527  
1. Corporation Name  
**National Continental Insurance Company**

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 2. Principal Office Address - No P.O. Box #<br><b>1300 Walt Whitman Road</b> |                          | 3. Mailing Office Address<br><b>6300 Wilson Mills Road</b> |                          |
| State, Apt. #, etc.  |                          | State, Apt. #, etc.  |                          |
| City & State<br><b>Melville, New York</b>                                    |                          | City & State<br><b>Mayfield Village, Ohio</b>              |                          |
| Zip<br><b>117471</b>   | Country<br><b>U.S.A.</b> | Zip<br><b>44143</b>  | Country<br><b>U.S.A.</b> |

CR2B081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
**03/25/86**

5. FEI Number  
**06-0281045**

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City  
**Plantation.**

State  
**FL**

Zip Code  
**33324**

**REINSTATEMENT**

**APR 17 2014**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 of the Florida Statutes.

Signature of Registered Agent *Diane Stout* **Diane Stout, Asst. Secretary** Date **4-17-14**

**REGISTERED AGENT MUST SIGN**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip      |
|-------|-----------------------------------|--|-------------------------|
| D     | Michael R. Beney                  | 6712 Brooklawn Pkwy, Suite 100                 | Syracuse, NY 13211      |
| D     | Christopher J. Rosati             | 1 Corporate Drive, Suite 201                   | Bohemia, NY 11716       |
| D,P   | William T. Casella                | 625 Alpha Dr.                                  | Highland Hts., OH 44143 |
| D     | William R. Kampf                  | 747 Alpha Dr.                                  | Highland Hts., OH 44143 |
| D, V  | Kevin P. Maher                    | 747 Alpha Dr.                                  | Highland Hts., OH 44143 |
| D T   | Michael W. Bissler                | 747 Alpha Dr.                                  | Highland Hts., OH 44143 |

10. E-mail Address: \_\_\_\_\_ (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.166, F.S.

SIGNATURE: *Margaret A. Rose* **Margaret A. Rose, Asst. Secy.** **4/14/14** **440/345-3759**

**NATIONAL CONTINENTAL INSURANCE COMPANY**

**Directors & Officers**

| <b><u>TITLE</u></b>         | <b><u>NAME</u></b> | <b><u>ADDRESS</u></b>                              |
|-----------------------------|--------------------|--|
| Director,<br>Vice President | Patricia O. Bemer  | 747 Alpha Drive, Highland Hts., Ohio 44143         |
| Director                    | Jeanette L. Hisek  | 747 Alpha Drive, Highland Hts., Ohio 44143         |
| Director                    | Thomas W. Flynn    | 1 Corporate Dr., Ste. 201, Bohemia, NY 11716       |
| Secretary                   | Patricia M. Corwin | 6300 Wilson Mills Road, Mayfield Village, OH 44143 |
| Asst. Secretary             | Margaret A. Rose   | 6300 Wilson Mills Road, Mayfield Village, OH 44143 |
| Vice President              | Sandra L. Rihvasky | 6300 Wilson Mills Road, Mayfield Village, OH 44143 |
| Asst. Vice President        | Jennifer E. Mineo  | 6300 Wilson Mills Road, Mayfield Village, OH 44143 |

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• Division of Corporations

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Florida Department of State  
Division of Corporations  
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**CORPORATION REINSTATEMENT  
NATIONAL CONTINENTAL INSURANCE COMPANY**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
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