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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:40

DOCUMENT # **F93000001806 (9)**

1. Corporation Name
NATIONAL INTERSTATE INSURANCE COMPANY

Principal Place of Business	Mailing Address
5400 TRANSPORTATION BOULEVARD CLEVELAND OH 44125-5395	5400 TRANSPORTATION BOULEVARD CLEVELAND OH 44125-5395

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1993	3a. Date of Last Report: 03/14/1994
4. FEI Number: 34-1607395	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	SPACHMAN, ALAN R	12 NAME	
STREET ADDRESS	2081 EDGEVIEW DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	HUDSON OH	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	HALPERN, ROLAND L	22 NAME	
STREET ADDRESS	29499 GATES MILLS	23 STREET ADDRESS	
CITY-ST-ZIP	PEPPER PIKE OH	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	Vice President ☐ Change ☒ Addition
NAME	~~LASH, JOBI G~~	32 NAME	David W. Michelson
STREET ADDRESS	~~40 WINTERBURY LANE~~	33 STREET ADDRESS	241 Oldham Way
CITY-ST-ZIP	~~MORELAND HILLS OH~~	34 CITY-ST-ZIP	Hudson OH 44236
TITLE	AVP	41 TITLE	☐ Change ☐ Addition
NAME	BECHER, KEITH A	42 NAME	
STREET ADDRESS	5415 PORT CHESTER DR	43 STREET ADDRESS	
CITY-ST-ZIP	HUDSON OH	44 CITY-ST-ZIP	
TITLE	TVD	51 TITLE	☐ Change ☐ Addition
NAME	KRAUS, ARTHUR M	52 NAME	
STREET ADDRESS	1955 WINCHESTER	53 STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST OH	54 CITY-ST-ZIP	
TITLE	DAV	61 TITLE	☐ Change ☐ Addition
NAME	HATHY, TIMOTHY S	62 NAME	
STREET ADDRESS	18110 TREASURE ISLE	63 STREET ADDRESS	
CITY-ST-ZIP	STRONGSVILLE OH	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/10/95 216-475-1500
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400001 FP