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Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000001806 (9)

1. Corporation Name  
NATIONAL INTERSTATE INSURANCE COMPANY



Principal Place of Business  
28325 CHARGIN BLVD.  
PEPPER PIKE OH 44125

Mailing Address  
28325 CHARGIN BLVD.  
PEPPER PIKE OH 44122-4613

3. Date Incorporated or Qualified  
04/12/1993

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME SPACHMAN, ALAN R  
STREET ADDRESS 2081 EDGEVIEW DRIVE  
CITY- ST- ZIP HUDSON OH

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE DV  
NAME HALPERN, ROLAND L  
STREET ADDRESS 29499 GATES MILLS  
CITY- ST- ZIP PEPPER PIKE OH

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VP  
NAME MICHELSON, DAVID W.  
STREET ADDRESS 241 OLDHAM WAY  
CITY- ST- ZIP HUDSON OH

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE AVP  
NAME BECHER, KEITH A  
STREET ADDRESS 5415 PORT CHESTER DR  
CITY- ST- ZIP HUDSON OH

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change ☒ Addition

VP, SECRETARY  
James P. Novak  
7544 Whitmarsh Way  
Hudson OH 44236

TITLE TVD  
NAME KRAUS, ARTHUR M  
STREET ADDRESS 1955 WINCHESTER  
CITY- ST- ZIP LYNDHURST OH

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE DAV  
NAME HATHY, TIMOTHY S  
STREET ADDRESS 18110 TREASURE ISLE  
CITY- ST- ZIP STRONGSVILLE OH

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do 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 included 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. NOVAK, SECY.

Date

1-9-97

Daytime Phone

800-929-1500

0478396

CR2E034 (9/96)