

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90019 009 ***550.00

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1. Corporation Name

NATIONAL INTERSTATE INSURANCE COMPANY

Principal Place of Business

29325 CHAGRIN BLVD.
PEPPER PIKE OH 44125

Mailing Address

29325 CHAGRIN BLVD.
PEPPER PIKE OH 44125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 29325 Chagrin Blvd.

Suite, Apt. #, etc.

22

City & State

23 Pepper Pike, Ohio

Zip

24 44122

Country

2a. Mailing Address

26 29325 Chagrin Blvd.

Suite, Apt. #, etc.

27

City & State

28 Pepper Pike, Ohio

Zip

29 44122

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

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

TITLE DV ☒ DELETE

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

TITLE VP ☒ DELETE

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

TITLE VPS ☒ DELETE

NAME NOVAK, JAMES P
STREET ADDRESS 7544 WHITEMARSH WAY
CITY-ST-ZIP HUDSON OH

TITLE TVD ☐ DELETE

NAME KRAUS, ARTHUR M
STREET ADDRESS 1955 WINCHESTER
CITY-ST-ZIP LYNHURST OH

TITLE DAV ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Michael J. Moroney, V.P. & Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/19/99

216-595-8900

CR2E034 (11/98)