


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000001806 1. Entity Name NATIONAL INTERSTATE INSURANCE COMPANY	
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Principal Place of Business 3250 INTERSTATE DRIVE RICHFIELD, OH 44286-9000	Mailing Address 3250 INTERSTATE DRIVE RICHFIELD, OH 44286-9000
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301-0000	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SPACHMAN, ALAN R 2081 EDGEVIEW DRIVE HUDSON, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PHILLIPS, TERRY E 313 HALIFAX CT SAGAMORE HILLS, OH 44067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONDA, GARY N 509 FAWN CT CHAGRIN FALLS, OH 44022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MICHELSON, DAVE 3250 INTERSTATE DR. RICHFIELD, OH 44286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVD KRAUS, ARTHUR M 1955 WINCHESTER LYNDHURST, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/20/04-80053-024 150.00

12. 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 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: Arthur Kraus Arthur Kraus 4/13/04 330-659-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #