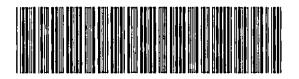
F93000001806

(Requestor's Name)		
(Address)		
,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
<u></u>		
Special Instructions to Filing Officer:		

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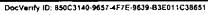
COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: National Interstate Insurance Company	
Name of Corporation	
DOCUMENT NUMBER: F93000001806	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Kathy Juhasz	
Name of Contact Person	
National Interstate Insurance Company	
Firm/Company	
3250 Interstate Drive	
Address	
Richfield, OH 44286	
City/State and Zip Code	
kathy.juhasz@natl.com	
E-mail address: (to be used for future annual)	report notification)
For further information concerning this matter, plo	ease call:
Kathy Juhasz	at (330) 659-8900
Name of Contact Person	at (330) 659-8900 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Amenament Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

CR2E045 (04/13)

Tallahassee, FL 32314



2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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