## 2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000003988

901 PENINSULA CORPORATE CIRCLE

Entity Name: NCCI HOLDINGS, INC.

**Current Principal Place of Business:** 

BOCA RATON, FL 33487

**Current Mailing Address:** 

901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487

FEI Number: 52-225042 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC 11380 PROSPERITY FARMS RD., #221E PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title **SECRETARY** Title **TREASURER** 

DELEHANTY, TERRENCE D Name Name GUERRA, ALFREDO T

Address 901 PENINSULA CORPORATE CIRCLE Address 901 PENINSULA CORPORATE CIRCLE

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: **BOCA RATON FL 33487** 

Title PRESIDENT, DIRECTOR Title **OFFICER** 

Name KLINGEL, STEPHEN J Name BUDD, CHERYL L

901 PENINSULA CORPORATE CIRCLE 901 PENINSULA CORPORATE CIRCLE Address Address

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: **BOCA RATON FL 33487** 

Title **OFFICER** Title **OFFICER** 

Name KITCHENS, ELIZABETH B Name MILEUSNIC, MARK

901 PENINSULA CORPORATE CIRCLE Address 901 PENINSULA CORPORATE CIRCLE Address

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: **BOCA RATON FL 33487** 

Title **OFFICER** Title **DIRECTOR** 

SPEARS, MICHAEL THOMPSON, GARY Name Name 901 PENINSULA CORPORATE CIRCLE ONE HATFORD PLAZA Address Address

City-State-Zip: HARTFORD CT 06115 City-State-Zip: BOCA RATON FL 33487

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/23/2013 SIGNATURE: TERRENCE D. DELEHANTY SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 23, 2013

Secretary of State

CC1479935710

Date

## Officer/Director Detail Continued:

Name

WALL, KRISTIN W

Title DIRECTOR Title DIRECTOR

NameBRADLEY, C. ALLEN JR.NameHAAR, ELIZABETH RAddress2301 HWY. 190 WESTAddress200 N. GRAND AVENUECity-State-Zip:DERIDDER LA 70634City-State-Zip:LANSING MI 48933

Title DIRECTOR Title DIRECTOR

NameHUBBARD, LAURENCE ANameJOHNSTON, RUSSELL MAddress855 FRONT STREETAddress175 WATER STREETCity-State-Zip:HELENA MT 59601City-State-Zip:NEW YORK NY 10038

Title DIRECTOR Title DIRECTOR

Name KLEIN, BARBARA A Name KLEIN, MICHAEL F

Address 5433 TALL OAKS DRIVE Address ONE TOWER SQUARE

City-State-Zip: LONG GROVE IL 60047 City-State-Zip: HARTFORD CT 06183

Title DIRECTOR Title DIRECTOR

Name MROZEK, ERNEST J Name NODTVEDT, CRAIG L

Address 442 EAST EIGHTH STREET Address 1111 THIRD AVENUE, SUITE 2600

City-State-Zip: HINSDALE IL 60521 City-State-Zip: SEATTLE WA 98101

Title DIRECTOR Title DIRECTOR

NameREIDER, GEORGE M JR.NameSCHAPPERLE, JOHNAddress9 GLENMORE DRIVEAddress1022 BETHEL STREETCity State Zip:FARMINGTON CT 08023City-State-Zip: HONOLULU HI 96813

City-State-Zip: FARMINGTON CT 06032

Title DIRECTOR Title DIRECTOR

Name WATSON, CRAIG

Address 2237 S. ACADIAN THRUWAY Address 834 WEST GEORGE STREET

City-State-Zip: BATON ROUGE LA 70808 City-State-Zip: CHICAGO IL 60657