

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004411

Entity Name: NATIONAL INSURANCE CORPORATION OF WA STATE**Current Principal Place of Business:**ONE UNION SQUARE
600 UNIVERSITY STREET, SUITE 2900
SEATTLE, WA 98101**Current Mailing Address:**ONE UNION SQUARE
600 UNIVERSITY STREET, SUITE 2900
SEATTLE, WA 98101 US**FEI Number:** 14-1962286**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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_____
Date**Officer/Director Detail :**

| | |
|-----------------|--|
| Title | PRESIDENT |
| Name | CAMPANA, CHRIS ANN |
| Address | ONE HOVCHILD PLAZA 4000 RT 66 SUITE 331 |
| City-State-Zip: | TINTON FALLS NJ 07753 |

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|-----------------|--------------------------------------|
| Title | CFO |
| Name | WATSON, NATALIA |
| Address | 1200 N FEDERAL HIGHWAY, SUITE 400 |
| City-State-Zip: | BOCA RATON FL 33432 |

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|-----------------|------------------------------|
| Title | SECRETARY, DIRECTOR |
| Name | DESENA, JOHN |
| Address | 200 VESEY STREET, 25TH FLOOR |
| City-State-Zip: | NEW YORK NY 10281 |

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|-----------------|------------------------------|
| Title | DIRECTOR |
| Name | MULLEN, MIKE |
| Address | 200 VESEY STREET, 25TH FLOOR |
| City-State-Zip: | NEW YORK NY 10281 |

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|-----------------|------------------------------|
| Title | DIRECTOR |
| Name | WORMAN, GLENN |
| Address | 200 VESEY STREET, 25TH FLOOR |
| City-State-Zip: | NEW YORK NY 10281 |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATALIA WATSON**AUTH PERSON****07/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date