

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09527

Entity Name: NATIONAL CONTINENTAL INSURANCE COMPANY

FILED
Mar 28, 2019
Secretary of State
7830694553CC

Current Principal Place of Business:

1 CORPORATE DRIVE, SUITE 201
BOHEMIA, NY 11716

Current Mailing Address:

P.O. BOX 5070
ATTN: LAW DEPARTMENT
CLEVELAND, OH 44101 US

FEI Number: 06-0281045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 ASST. SECRETARY
Name ROSE, MARGARET A.
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title DIRECTOR
Name BEMER, PATRICIA O.
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title DIRECTOR
Name BENEY, MICHAEL R.
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title TREASURER, DIRECTOR
Name BAILO, KAREN B
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title PRESIDENT, DIRECTOR
Name COURTNEY, BRIAN D
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title DIRECTOR
Name FLYNN, THOMAS W.
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title DIRECTOR
Name HISEK, JEANETTE L.
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title DIRECTOR
Name KAMPF, WILLIAM R.
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

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

SIGNATURE: MARGARET A. ROSE _____

ASSISTANT SECRETARY 03/28/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAHER, KEVIN P.
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title DIRECTOR
Name ROSATI, CHRISTOPHER J.
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716

Title SECRETARY
Name CORWIN, PATRICIA M
Address 1 CORPORATE DRIVE, SUITE 201
City-State-Zip: BOHEMIA NY 11716