

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09527

**Entity Name:** NATIONAL CONTINENTAL INSURANCE COMPANY

**Current Principal Place of Business:**

1 CORPORATE DRIVE, SUITE 201  
BOHEMIA, NY 11716

**FILED**  
**May 18, 2022**  
**Secretary of State**  
**6751526056CC**

**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 DEAN, MATTHEW  
Address 1 CORPORATE DRIVE, SUITE 201  
City-State-Zip: BOHEMIA NY 11716

Title TREASURER, DIRECTOR  
Name FISCHER, CORY W  
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 VARMA, KANIK  
Address 1 CORPORATE DRIVE, SUITE 201  
City-State-Zip: BOHEMIA NY 11716

Title DIRECTOR  
Name POLITZI, VICTOR  
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 05/18/2022**

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