

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State


DOCUMENT # F00000007143

1. Entity Name
NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.



Principal Place of Business 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487	Mailing Address 901 PININSULA CORPORATE CIRCLE BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0439698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000092212
 03/18/04-80040-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELEHANTY, TERRENCE D 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERRA, ALFREDO 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KLINGEL, STEPHENN J 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Terrence D Delehanty Date: 3/4/4 Daytona Phone #: 561-893-1000