
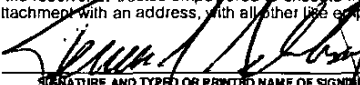


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90141 012 \*\*\*\*61.25

<b>DOCUMENT # F00000007143</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0439698	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELEHANTY, TERRENCE D		NAME		
STREET ADDRESS	901 PENINSULA CORPORATE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUERRA, ALFREDO		NAME		
STREET ADDRESS	901 PENINSULA CORPORATE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	CEO <del>CEOD</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLINGEL, STEPHEN		NAME	Stephen J. Klingel	
STREET ADDRESS	901 PENINSULA CORPORATE CIRCLE		STREET ADDRESS	CEO, Director	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fees empowered.					
SIGNATURE: 		Terrence D. Delehanty		4/19/5 561-893-2160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary		Amy Crane	

ATTACHMENT 40066589  
# F0000007193

**BOARD OF DIRECTORS  
OF  
NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC. (NCCI)  
901 Peninsula Corporate Circle  
Boca Raton, Florida 33487**

Stephen J. Klingel – President and Chief Executive Officer  
Terrence D. Delehanty – General Counsel and Chief Legal Officer/Secretary  
Alfredo T. Guerra – Chief Financial Officer/Treasurer

ATTACHMENT 40066589  
# F 0 0 0 0 0 0 7 1 4 3

**OFFICERS  
OF  
NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC. (NCCI)**

901 Peninsula Corporate Circle  
Boca Raton, Florida 33487

Stephen J. Klingel – President and Chief Executive Officer  
Cheryl L. Budd – Chief Communications Officer  
Terrence D. Delehanty – General Counsel and Chief Legal Officer/Secretary  
Alfredo T. Guerra – Chief Financial Officer/Treasurer  
James J. DeCesari – Chief Executive – Data Resources Division  
Phyllis Lodico – President – Customer Operations Division  
Dennis Mealy – Chief Actuary  
Michael Shawn O'Rourke – Chief Information Officer  
Elizabeth B. Kitchens – Chief Human Resources Officer  
Helen J. Westervelt – President – Regulatory Services Division