

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90011 020 ****61.25

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

40015907



01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

CHIEF FINANCIAL OFFICER
 P.O. BOX 6200 32314-6200
 200 E. GAINES ST.
 TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

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, 2007

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

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	CEOD KLINGEL, STEPHEN 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 exemptions contained in Chapter 119, 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 empowered.

SIGNATURE: Terrence D. Delehanty 1-26-07 561-893-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Roady Burger

ATTACHMENT

40015907

#F00000067143

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.
901 Peninsula Corporate Circle
Boca Raton, Florida 33487

DIRECTORS

Stephen J. Klingel
Terrence D. Delehanty
Alfredo T. Guerra

Chairman of the Board of Directors
Member, Board of Directors
Member, Board of Directors

OFFICERS

Stephen J. Klingel
Alfredo T. Guerra
Terrence D. Delehanty
James DeCesari
Helen Westervelt
Michael S. O'Rourke
Dennis Mealy
Michael Spears

President and Chief Executive Officer
Chief Financial Officer and Treasurer
Secretary
Officer
Officer
Officer
Officer
Officer

None of the above Directors or Officers positions have any expiration dates