

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 18, 2009  
Secretary of State**

DOCUMENT# F00000007143

Entity Name: NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

**Current Principal Place of Business:**

901 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

901 PININSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487 US

**New Mailing Address:**

901 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487

FEI Number: 65-0439698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DELEHANTY, TERRENCE D  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

Title: TD ( ) Delete  
Name: GUERRA, ALFREDO  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

Title: CEOD ( ) Delete  
Name: KLINGEL, STEPHEN J.  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRENCE D. DELEHANTY

SD

02/18/2009

Electronic Signature of Signing Officer or Director

Date