

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007143

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**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 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487

**New Mailing Address:**

**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  
Name: DELEHANTY, TERRENCE D  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

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

Title: PD  
Name: KLINGEL, STEPHEN J  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

Title: DO  
Name: MILEUSNIC, MARK  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

Title: DO  
Name: WESTERVELT, HELEN J  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

Title: O  
Name: MEALY, DENNIS  
Address: 901 PENINSULA CORPORATE CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERRENCE D. DELEHANTY

SD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date