

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004411

FILED
Jan 14, 2009
Secretary of State

Entity Name: NATIONAL INSURANCE CORPORATION OF WA STATE

Current Principal Place of Business:

1001 4TH AVE., STE. 2200
SEATTLE, WA 98154

New Principal Place of Business:

Current Mailing Address:

1001 4TH AVE., STE. 2200
SEATTLE, WA 98154

New Mailing Address:

FEI Number: 14-1962286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GOLDWASSER, MARK
Address: 120 BROADWAY, 27 FLOOR
City-St-Zip: NEW YORK, NY 10271

Title: PD () Delete
Name: LIPSON, ALAN J.
Address: 120 BROADWAY, 27TH FL
City-St-Zip: NEW YORK, NY 10271

Title: VS () Delete
Name: GAY, JULIE
Address: 1001 4TH AVE., STE. 2200
City-St-Zip: SEATTLE, WA 98154

Title: V (X) Delete
Name: MCCOY, DAVID
Address: 120 BROADWAY, 27TH FL
City-St-Zip: NEW YORK, NY 10271

Title: CFOT () Delete
Name: SATRIAWAN, LEO
Address: 1001 4TH AVE., STE. 2200
City-St-Zip: SEATTLE, WA 98154

Title: SD () Delete
Name: DASKAL, ROBERT H.
Address: 875 N. MICHIGAN AVE., STE. 1560
City-St-Zip: CHICAGO, IL 60611

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:

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

SIGNATURE: MARK GOLDWASSER

CD

01/14/2009

Electronic Signature of Signing Officer or Director

Date