

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004411

FILED  
Jan 04, 2010  
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:**

1001 FOURTH AVENUE  
2200  
SEATTLE, WA 98154

**Current Mailing Address:**

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

**New Mailing Address:**

1001 FOURTH AVENUE  
2200  
SEATTLE, WA 98154

**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  
**Name:** GOLDWASSER, MARK  
**Address:** 120 BROADWAY, 27 FLOOR  
**City-St-Zip:** NEW YORK, NY 10271

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

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

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

**SIGNATURE:** LEO SATRIAWAN

CFO

01/04/2010

Electronic Signature of Signing Officer or Director

Date