

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004411

**FILED**  
**Jun 22, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL INSURANCE CORPORATION OF WA STATE

**Current Principal Place of Business:**

1001 FOURTH AVENUE  
2200  
SEATTLE, WA 98154

**New Principal Place of Business:**

**Current Mailing Address:**

1001 FOURTH AVENUE  
2200  
SEATTLE, WA 98154

**New Mailing Address:**

**FEI Number:** 14-1962286      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** CFOS  
**Name:** LEVIN, ALAN B  
**Address:** 1200 NORTH FEDERAL HWY., SUITE 400  
**City-St-Zip:** BOCA RATON, FL 33432

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:** ALAN B LEVIN

CFOS

06/22/2012

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

\_\_\_\_\_  
Date