

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001747

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: NATIONAL CITY INSURANCE GROUP, INC.

## Current Principal Place of Business:

629 EUCLID AVENUE  
CLEVELAND, OH 44114

## New Principal Place of Business:

## Current Mailing Address:

629 EUCLID AVENUE  
9TH FLOOR LOC. 01-3920  
CLEVELAND, OH 44114

## New Mailing Address:

FEI Number: 38-2977739      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PD ( ) Delete  
Name: COOK, THOMAS J  
Address: 629 EUCLID AVENUE 9TH FLOOR  
City-St-Zip: CLEVELAND, OH 44114

Title: D ( ) Delete  
Name: DUNHAM, JOHN A  
Address: 1900 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44114

Title: D ( ) Delete  
Name: FRATE, DANIEL J  
Address: 1900 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44114

Title: D ( ) Delete  
Name: KELLY, JEFFREY J  
Address: 1900 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44114

Title: V ( ) Delete  
Name: W. RUSSELL MILLER,  
Address: 629 EUCLID AVENUE 9TH FLOOR  
City-St-Zip: CLEVELAND, OH 44114

Title: S ( ) Delete  
Name: SMITH, STEPHEN L  
Address: ONE NATIONAL CITY CENTER #815  
City-St-Zip: INDIANAPOLIS, IN 46255

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HILDEBRANDT, THOMAS J  
Address: 629 EUCLID AVENUE 9TH FLOOR  
City-St-Zip: CLEVELAND, OH 44114

Title: D (X) Change ( ) Addition  
Name: BOWEN, DAVID A  
Address: 1900 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44114

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: THOMAS J. HILDEBRANDT

P

04/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date