## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000002424

Entity Name: NATIONAL INTERSTATE INSURANCE AGENCY, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3250 INTERSTATE DRIVE RICHFILED, OH 44286					
Current Mailing Address:			New Mailing Address:		
3250 INTERSTATE DRIVE RICHFILED, OH 44286					
FEI Number:	34-1607396	FEI Number Applied For ( ) FEI Num	nber Not Appli	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SERVICE, INC. 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331 US					
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: ADD				IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () E SPACHMAN, ALA 3250 INTERSTAT RICHFIELD, OH	E DRIVE	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition SPACHMAN, ALAN R CEO 3250 INTERSTATE DRIVE RICHFIELD, OH 44286	
Title: Name: Address: City-St-Zip:	SD () E HAFFNER, PAUL 3250 INTERSTAT RICHFIELD, OH	E DRIVE	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition INAMA, TANYA M 3250 INTERSTATE DRIVE RICHFIELD, OH 44286	
Title: Name: Address: City-St-Zip:	TD ()E MCGRAW, JULIE 3250 INTERSTAT RICHFIELD, OH	E DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () E MICHELSON, DA 3250 INTERSTAT RICHFIELD, OH	E DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MICHELSON, DAVID W 3250 INTERSTATE DRIVE RICHFIELD, OH 44286	
Title: Name: Address: City-St-Zip:	VP () E HOLLAR, JOHN A 3250 INTERSTAT RICHFIELD, OH	E DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E MONDA, GARY N 3250 INTERSTAT RICHFIELD, OH	E DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALAN SPACHMAN PD 01/07/2008