

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002424

FILED
Jan 13, 2009
Secretary of State

Entity Name: NATIONAL INTERSTATE INSURANCE AGENCY, INC.

Current Principal Place of Business:

3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

New Principal Place of Business:

Current Mailing Address:

3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

New Mailing Address:

FEI Number: 34-1607396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICE, INC.
2731 EXECUTIVE PARK DR
SUITE 4
WESTON, FL 33331 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: SPACHMAN, ALAN R CEO
Address: 3250 INTERSTATE DRIVE
City-St-Zip: RICHFIELD, OH 44286

Title: S () Delete
Name: INAMA, TANYA M
Address: 3250 INTERSTATE DRIVE
City-St-Zip: RICHFIELD, OH 44286

Title: TD () Delete
Name: MCGRAW, JULIE A
Address: 3250 INTERSTATE DRIVE
City-St-Zip: RICHFIELD, OH 44286

Title: D () Delete
Name: MICHELSON, DAVID W
Address: 3250 INTERSTATE DRIVE
City-St-Zip: RICHFIELD, OH 44286

Title: VP () Delete
Name: HOLLAR, JOHN A
Address: 3250 INTERSTATE DRIVE
City-St-Zip: RICHFIELD, OH 44286

Title: VP () Delete
Name: MONDA, GARY N
Address: 3250 INTERSTATE DRIVE
City-St-Zip: RICHFIELD, OH 44286

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
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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: ALAN SPACHMAN

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date