

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002424

FILED
Jan 04, 2011
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

OFFICERS AND DIRECTORS:

Title: PD
Name: SPACHMAN, ALAN R CEO
Address: 3250 INTERSTATE DRIVE
City-St-Zip: RICHFIELD, OH 44286

Title: SD
Name: GONZALES, ARTHUR J
Address: 3250 INTERSTATE DRIVE
City-St-Zip: RICHFIELD, OH 44286

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

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

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

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

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: ARTHUR J. GONZALES

S

01/04/2011

Electronic Signature of Signing Officer or Director

Date