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FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005207 (6)

1. Corporation Name

NATIONAL FIRE & CASUALTY COMPANY

Principal Place of Business

2801 E. EMPIRE
BLOOMINGTON IL 61704

Mailing Address

ATTN: ROBERT MATHEWSON
PO BOX 157
BLOOMINGTON IL 61702-0157
US



3. Date Incorporated or Qualified

11/17/1993

3a. Date of Last Report

03/04/1996

4. FEI Number

62-1101490

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLATERY, CHARLES K	
STREET ADDRESS	123 CHERRY RD.	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLISS, JAMES	
STREET ADDRESS	501 FIRST AVE., S.	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENJAMIN, DUANE R	
STREET ADDRESS	RT 1 BOX 175	
CITY-ST-ZIP	TOWANDA IL 61776	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATHEWSON, ROBERT E	
STREET ADDRESS	709 N. CHESTNUT	
CITY-ST-ZIP	LEROY IL 61752	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, JOHN M	
STREET ADDRESS	5 COUNTRY CLUB PLACE	
CITY-ST-ZIP	BLOOMINGTON IL 61701	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SHEPARD, ROBERT	
STREET ADDRESS	2102 PARK PLACE	
CITY-ST-ZIP	BLOOMINGTON IL 61701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 on this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Mathewson

2/12/97

301-663-1393

Date

Daytime Phone #

CR2E034 (9/96)