

FILED AFTER MAY 1ST IS \$550.00

FILED

Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90033 009 ***150.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005207

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 61702-157
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1993

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, 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, 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
NAME SLATERY, CHARLES K
STREET ADDRESS 123 CHERRY RD.
CITY-ST-ZIP MEMPHIS TN

TITLE VD
NAME BLISS, JAMES
STREET ADDRESS 501 FIRST AVE., S.
CITY-ST-ZIP TIERRA VERDE FL

TITLE D
NAME BENJAMIN, DUANE R
STREET ADDRESS RT 1 BOX 175
CITY-ST-ZIP TOWANDA IL

TITLE STD
NAME MATHEWSON, ROBERT E
STREET ADDRESS 709 N. CHESTNUT
CITY-ST-ZIP LEROY IL

TITLE VD
NAME MCKNIGHT, JOHN M
STREET ADDRESS 5 COUNTRY CLUB PLACE
CITY-ST-ZIP BLOOMINGTON IL

TITLE AT
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

369-663-1393

Date Daytime Phone #

CR2E034 (11/98)