## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F93000005207

Entity Name: NATIONAL FIRE & CASUALTY COMPANY

FILED Jan 28, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2801 E. EMPIRE BLOOMINGTON, IL 61704						
Current Mailing Address:			New Maili	New Mailing Address:		
ATTN: ROBERT MATHEWSON PO BOX 157 BLOOMINGTON, IL 61702157 US						
FEI Number: (	62-1101490	FEI Number Applied For ( ) FEI Nu	ımber Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:						
	STATE TREASURER AND INSURANCE COMMISSIONER CAPITOL TALLAHASSEE, FL 32399 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.						
SIGNATUR		c Signature of Registered Agent		Date		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).						
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
Title: Name: Address: City-St-Zip:		Delete RLES K	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	VD () BLISS, JAMES 501 FIRST AVE. TIERRA VERDE		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () BENJAMIN, DUA RT 1 BOX 175 TOWANDA, IL	Delete NE R	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	STD () MATHEWSON, F 709 N. CHESTNI LEROY, IL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () MCKNIGHT, JOH 5 COUNTRY CLI BLOOMINGTON	JB PLACE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition		
Title: Name: Address: City-St-Zip:	AT () SHEPARD, ROB 2102 PARK PLA BLOOMINGTON	CE	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition SHEPARD, ROBERT 2102 PARK PLACE BLOOMINGTON, IL 61701		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT E. MATHEWSON STD 01/28/2002

HERBERT H. SLATERY III 505 SOUTH GAY STREET, SUITE 500 KNOXVILLE, TENNESSEE 37902

JAMES D. LACKIE, DIRECTOR 1025 CHERRY ROAD MEMPHIS, TENNESSEE 38117