## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000005207

Entity Name: NATIONAL FIRE & CASUALTY COMPANY

FILED Apr 13, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2801 E. EM BLOOMING	PIRE STON, IL 6170	4				
Current Mailing Address:			New Mailing Address:			
<b>PO BOX 15</b>	BERT MATHE 7 STON, IL 61702					
FEI Number: 62-1101490 FEI Number Applied For ( ) FEI N			FEI Number Not App	umber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
P O BOX 62 200 E. GAIN TALLAHAS	SEE, FL 32399 named entity su	90000 US	pose of changing	its registered	office or registered agent, or both,	
SIGNATUR						
Flection Cam		c Signature of Registered Agent  Trust Fund Contribution ( ).	I		Date	
	AND DIRECT		ADDITION	JS/CHANGES	S TO OFFICERS AND DIRECTOR	٠٠.
Title: Name: Address: City-St-Zip:	PD ()[ SLATERY, CHAR	Delete PLES K Y LOOP ROAD, SUITE 444	Title: Name: Address: City-St-Zip:	PD () SLATERY, CH	X) Change ()Addition IARLES VAY LOOP ROAD, SUITE 444	
Title: Name: Address: City-St-Zip:	BLISS, JAMES 8711 NORTH 65	Delete IH STREET EY, AZ 85253 US	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I LACKIE, JAMES 1025 CHERRY R MEMPHIS, TN 3	OAD	Title: Name: Address: City-St-Zip:	LACKIE, JAME 1025 CHERRY	Y ROAD	
Title: Name: Address: City-St-Zip:	STD () I MATHEWSON, R 501 WEST BUCK LEROY, IL 6175	OBERT E KLES GROVE	Title: Name: Address: City-St-Zip:	MATHEWSON	JCKLES GROVE	
Title: Name: Address: City-St-Zip:	VD () I MCKNIGHT, JOH 5 COUNTRY CLU BLOOMINGTON,	JB PLACE	Title: Name: Address: City-St-Zip:	MCKNIGHT, Jo 5 COUNTRY C		
Title: Name: Address: City-St-Zip:	VD () I SHEPARD, ROB 8485 NORTH 230 DOWNS, IL 617	00 EAST ROAD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT MATHEWSON ST 04/13/2006