2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# F93000005207

Entity Name: NATIONAL FIRE & CASUALTY COMPANY

Current Principal Place of Business:

2801 E. EMPIRE
BLOOMINGTON, IL 61704

New Principal Place of Business:

Current Mailing Address:

ATTN: ROBERT MATHEWSON
PO BOX 157
BLOOMINGTON, IL 61702157 US

New Mailing Address:

FEI Number: 62-1101490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SLATERY, CHARLES
Address: 1100 RIDGEWAY LOOP ROAD, SUITE 444
City-St-Zip: MEMPHIS, TN 38120 US

Title: V ( ) Delete
Name: BLISS, JAMES
Address: 8711 NORTH 65TH STREET
City-St-Zip: PARIDISE VALLEY, AZ 85253 US

Title: D ( ) Delete
Name: LACKIE, JAMES
Address: 1025 CHERRY ROAD
City-St-Zip: MEMPHIS, TN 38117 US

Title: STD ( ) Delete
Name: MATHEWSON, ROBERT
Address: 501 WEST BUCKLES GROVE
City-St-Zip: LEROY, IL 61752 US

Title: VD ( ) Delete
Name: MCKNIGHT, JOHN
Address: 5 COUNTRY CLUB PLACE
City-St-Zip: BLOOMINGTON, IL 61701 US

Title: VD ( ) Delete
Name: SHEPARD, ROBERT
Address: 8485 NORTH 2300 EAST ROAD
City-St-Zip: DOWNS, IL 61736 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 STD 01/20/2009

Electronic Signature of Signing Officer or Director — Date