

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90323 021 ***150.00

DOCUMENT # F93000005207

1. Entity 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
USA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1101490**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE TREASURER AND INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SLATERY, CHARLES K**
STREET ADDRESS **123 CHERRY RD.**
CITY-ST-ZIP **MEMPHIS TN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SHEPARD, ROBERT**
STREET ADDRESS **2102 PARK PLACE**
CITY-ST-ZIP **BLOOMINGTON IL 61701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert Mathewson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21, 2003
Date

309-663-1393
Daytime Phone #

CR2E034 (10/02)