

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001355 (7)

1. Corporation Name

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

Principal Place of Business

Mailing Address

750 PARK OF COMMERCE DRIVE
BOCA RATON FL 33487

750 PARK OF COMMERCE DRIVE
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/19/1993

3a. Date of Last Report
04/13/1994

4. FEI Number
65-0439698

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAREY, SALLY B
750 PARK OF COMMERCE DRIVE
BOCA RATON FL 33487

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 607.0503, 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 SVP
NAME NAREY, SALLY
STREET ADDRESS 750 PARK OF COMMERCE DR
CITY - ST - ZIP BOCA RATON FL

TITLE VP
NAME RAND, LARRY K
STREET ADDRESS 151 FARMINGTON AVE
CITY - ST - ZIP HARTFORD CT

TITLE SVP
NAME THOMAS, RICHARD L
STREET ADDRESS 85 JOHN ST.
CITY - ST - ZIP NEW YORK NY

TITLE EVP
NAME DORFI, KLAUS G
STREET ADDRESS THREE GIRALDA FARMS
CITY - ST - ZIP MADISON NJ

TITLE PCEO
NAME GOWDY, ROBERT C
STREET ADDRESS ONE BEACON ST.
CITY - ST - ZIP BOSTON MA

TITLE AVP
NAME PHILLIPS, GEORGE
STREET ADDRESS 5 MARINE VIEW PLZ
CITY - ST - ZIP HOBOKEN NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SEE ATTACHED
SHEET

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

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/95

4107-497-1000

Daytime Phone #