

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 02 1998 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000001355 (7)**  
1. Corporation Name  
**NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.**



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| Principal Place of Business<br><b>750 PARK OF COMMERCE DRIVE<br/>BOCA RATON FL 33487</b> | Mailing Address<br><b>750 PARK OF COMMERCE DRIVE<br/>BOCA RATON FL 33487</b> |
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|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
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|---|--|
| 3. Date Incorporated or Qualified<br><b>03/19/1993</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>65-0439698</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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|---|--|
| 9. Name and Address of Current Registered Agent<br><b>NAREY, SALLY B<br/>750 PARK OF COMMERCE DRIVE<br/>BOCA RATON FL 33487</b> | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
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| 10. Name and Address of New Registered Agent |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <input type="checkbox"/> DELETE                                 |
| NAME                       | <b>SVP</b>  |
| STREET ADDRESS             | <b>NAREY, SALLY</b>   |
| CITY-ST-ZIP                | <b>750 PARK OF COMMERCE DR<br/>BOCA RATON FL</b>                |
| TITLE                      | <input type="checkbox"/> DELETE                                 |
| NAME                       | <b>D</b>  |
| STREET ADDRESS             | <b>BARNES, GALEN R</b>  |
| CITY-ST-ZIP                | <b>1 NATIONWIDE PLAZA<br/>COLUMBUS OH 43215</b>                 |
| TITLE                      | <input type="checkbox"/> DELETE                                 |
| NAME                       | <b>D</b>  |
| STREET ADDRESS             | <b>CHAPMAN, DONALD S</b>  |
| CITY-ST-ZIP                | <b>SAFECO PLAZA<br/>SEATTLE WA 98185</b>                        |
| TITLE                      | <input checked="" type="checkbox"/> DELETE                      |
| NAME                       | <b>D</b>  |
| STREET ADDRESS             | <b>GICE, JON H</b>  |
| CITY-ST-ZIP                | <b>325 N. CORPORATE DRIVE SUITE 100<br/>BROOKFIELD WI 53045</b> |
| TITLE                      | <input type="checkbox"/> DELETE                                 |
| NAME                       | <b>D</b>  |
| STREET ADDRESS             | <b>HAYES, THOMAS A</b>  |
| CITY-ST-ZIP                | <b>580 WALNUT STREET<br/>CINCINNATI OH</b>                      |
| TITLE                      | <input checked="" type="checkbox"/> DELETE                      |
| NAME                       | <b>D</b>  |
| STREET ADDRESS             | <b>HOFFMAN, DENNIS E</b>  |
| CITY-ST-ZIP                | <b>JOHN DEER ROAD<br/>MOLINE IL</b>                             |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. 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 annual report or supplement to 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: \_\_\_\_\_ Terry Delehaniv 2/18/98 561-997-1000

CR2E037 (10/97)

## **LIST OF NCCI OFFICERS**

### **NCCI**

**750 Park of Commerce Dr.  
Boca Raton, Florida 33487**

David Andrade, Vice President  
Steve Axelrad, Vice President  
John Baulis, Senior Vice President  
Roberto Blanco, Vice President  
Dale Brown, Vice President  
Chapin Clark, Senior Vice President  
James Decesari, Senior Vice President  
Terrence Delehanty, Vice President  
Tony DiDonato, Vice President  
Robert Dorsey, Assistant Vice President  
Judy Gillam, Assistant Vice President  
Robin Gillam, Vice President  
Alfredo Guerra, Acting Vice President & Treasurer  
Rick Heard, Vice President  
David Kocher, Acting President & COO  
Jay Mandelstein, Senior Vice President  
Matthew Marder, Vice President  
Sally Narey, Senior Vice President and General Counsel  
Donald O'Boyle, Vice President  
James Rabenstine, Senior Vice President  
Keith Shoemaker, Vice President  
Steven Sibner, Vice President  
Rick Smallman, Vice President  
Bruce Spidell, Vice President  
Therese Swanberg, Vice President  
Joseph Volman, Vice President  
Diane Vural, Vice President  
John Warner, Senior Vice President and CFO

### **NCCI**

**777 Yamato Road  
Suite 200/400  
Boca Raton, FL 33487**

Phyllis Lodico, Vice President  
Kathleen Mateyak, Vice President

**NCCI**  
**30501 Agoura Road**  
**Suite 205**  
**Agoura Hills, CA 91301**

Everett Brookhart, Senior Vice President  
Nick Lannutti, Senior Vice President

**NCCI**  
**995 Old Eagle School Road**  
**Suite 306**  
**Wayne, PA 19087**

Peter Burton, Senior Vice President

**NCCI**  
**5 Marine View Plaza**  
**Hoboken, NJ 07030**

Dave Durbin, Vice President  
Barry Llewellyn, Vice President  
George Phillips, Vice President  
Helen Westervelt, Vice President

**NCCI**  
**Conte Building**  
**Suite 104**  
**116 Defense Highway**  
**Annapolis, MD 21401**

JoAnn Lamp, Vice President

**NATIONAL COUNCIL ON COMPENSATION INSURANCE  
BOARD OF DIRECTORS  
1997 - 1998**

*(Revised 11/04/97)  
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|--|---|
| <p><b>Galen R. Barnes</b><br/>President<br/>Nationwide Insurance Enterprise<br/>1 Nationwide Plaza<br/>Columbus, OH 43215</p> <p>(614) 249-6878 - tel<br/>(614) 294-6878 - fax</p>   | <p><b>Donald S. Chapman</b><br/>Senior Vice President<br/>SAFECO Insurance Company<br/>SAFECO Plaza<br/>Seattle, WA 98185</p> <p>(206) 545-5710 - tel<br/>(206) 545-6076 - fax</p>                        |
| <p><b>Gary R. Gregg</b><br/>Executive Vice President<br/>Liberty Mutual Insurance Company<br/>175 Berkeley Street<br/>Boston, MA 02117</p> <p>(617) 574-5988 - tel<br/>(617) 482-4761 - fax</p>                              | <p><b>Thomas A. Hayes</b><br/>President - Commerical Divison<br/>Great American Insurance Company<br/>580 Walnut Street<br/>Cincinnati, OH 45202</p> <p>(513) 369-3850 - tel<br/>(513) 369-5750 - fax</p> |
| <p><b>David A. Kocher</b><br/>Acting President and COO<br/>National Council on Compensation Insurance, Inc.<br/>750 Park of Commerce Drive<br/>Boca Raton, FL 33487</p> <p>(561) 997-4162 - tel<br/>(561) 997-4774 - fax</p> | <p><b>Ira S. Lederman</b><br/>Senior Vice President<br/>W. R. Berkley Corporation<br/>165 Mason Street<br/>Greenwich, CT 06836</p> <p>(203) 629-3021 - tel<br/>(203) 629-8336 - fax</p>                   |

**NATIONAL COUNCIL ON COMPENSATION INSURANCE  
BOARD OF DIRECTORS  
1997 - 1998**

*(Revised 11/04/97)  
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|---|---|
| <p><b>John T. Leonard</b><br/>President<br/>Maine Employers Mutual Insurance Company<br/>(Mailing Address) P.O. Box 11409<br/>Portland, ME 04104</p> <p>261 Commercial Street<br/>Portland, ME 04101</p> <p>(207) 791-3301 - tel<br/>(207) 791-3336 - fax</p> | <p><b>Ellen Rudnick</b><br/>Chairman<br/>Pacific Biometrics<br/>255 Revere Drive, Suite 111<br/>Northbrook, IL 60062</p> <p>(847) 205-1429 - tel<br/>(847) 205-0608 - fax</p> |
| <p><b>Thomas P. Staudt</b><br/>President &amp; CEO<br/>MEDE America Corporation<br/>90 Merrick Avenue - Suite 501<br/>East Meadow, NY 11554</p> <p>(516) 542-4500, x-106 - tel<br/>(516) 542-4508 - fax</p>   | <p><b>Honorable James R. Thompson</b><br/>Winston &amp; Strawn<br/>35 West Wacker Drive<br/>Chicago, IL 60601</p> <p>(312) 558-5600 - tel<br/>(312) 558-5700 - fax</p>        |