

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02144 (4)
 1. Corporation Name
NATIONAL ACCIDENT INSURANCE UNDERWRITERS, INC.



Principal Place of Business 85 W. ALGONQUIN RD. SUITE 500 ARLINGTON HEIGHTS IL 60005 US	Mailing Address 85 W. ALGONQUIN RD. SUITE 500 ARLINGTON HEIGHTS IL 60005 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
05/22/1984

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 36-2727009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DROBNY, IRVING		1.2 NAME	
STREET ADDRESS 85 W. ALGONQUIN RD. #500		1.3 STREET ADDRESS	
CITY-ST-ZIP ARLINGTON HEIGHTS IL		1.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STILLWATER, ESTHER		2.2 NAME	
STREET ADDRESS 85 W ALGONQUIN RD STE 500		2.3 STREET ADDRESS	
CITY-ST-ZIP ARLINGTON HGHS IL		2.4 CITY-ST-ZIP	
TITLE TDC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUNCH, JACK W.		3.2 NAME	
STREET ADDRESS 85 W. ALGONQUIN RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP ARLINGTON HEIGHTS IL		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERICKSON, DONALD E.		4.2 NAME	
STREET ADDRESS 85 W. ALGONQUIN RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP ARLINGTON HEIGHTS IL		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLOG, CLAUDE C		5.2 NAME	
STREET ADDRESS 85 W. ALGONQUIN RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **DROBNY** 1/5/98 800 448 6248

CR2E034 (10/97)