

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02144

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

FILED

99 MAR -8 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-2727009	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
NAME	DROBNY, IRVING	12 NAME	
STREET ADDRESS	85 W. ALGONQUIN RD. #500	13 STREET ADDRESS	000002806330--3
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	14 CITY-ST-ZIP	-03/15/99--01128--022
TITLE	AS	21 TITLE	AS
NAME	STILLWATER, ESTHER	22 NAME	SUSAN McNAMARA
STREET ADDRESS	85 W ALGONQUIN RD STE 500	23 STREET ADDRESS	85 W. ALGONQUIN RD
CITY-ST-ZIP	ARLINGTON HGHS IL	24 CITY-ST-ZIP	ARLINGTON Heights, IL 60005
TITLE	TDC	31 TITLE	
NAME	BUNCH, JACK W.	32 NAME	
STREET ADDRESS	85 W. ALGONQUIN RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	
NAME	ERICKSON, DONALD E.	42 NAME	
STREET ADDRESS	85 W. ALGONQUIN RD.	43 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	
NAME	KELLOG, CLAUDE C	52 NAME	
STREET ADDRESS	85 W. ALGONQUIN RD.	53 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	54 CITY-ST-ZIP	
TITLE		61 TITLE	VP
NAME		62 NAME	JACK RABIN
STREET ADDRESS		63 STREET ADDRESS	85 W. ALGONQUIN RD
CITY-ST-ZIP		64 CITY-ST-ZIP	ARLINGTON Heights, IL 60005

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IRVING DROBNY

3-3-99