

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90108 004 \*\*\*150.00

**DOCUMENT # P02144**

1. Entity Name  
**NATIONAL ACCIDENT INSURANCE UNDERWRITERS, INC.**

Principal Place of Business <b>85 W. ALGONQUIN RD.          SUITE 500          ARLINGTON HEIGHTS IL 60005          US</b>	Mailing Address <b>85 W. ALGONQUIN RD.          SUITE 500          ARLINGTON HEIGHTS IL 60005-4431          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>36-2727009</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

**7. Name and Address of New Registered Agent**  
 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DROBNY, IRVING</b> <b>85 W. ALGONQUIN RD. #500</b> <b>ARLINGTON HEIGHTS IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MCNAMARA, SUSAN</b> <b>85 W ALGONQUIN RD</b> <b>ARLINGTON HEIGHTS IL 60005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDC</b> <b>BUNCH, JACK W.</b> <b>85 W. ALGONQUIN RD.</b> <b>ARLINGTON HEIGHTS IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RABIN, JACK</b> <b>85 W. ALGONQUIN RD.</b> <b>ARLINGTON HEIGHTS IL 60005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C, D, P</b> <b>DROBNY, IRVING</b> <b>85 W. ALGONQUIN RD #500</b> <b>ARLINGTON HEIGHTS, IL 60005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/00**

Daytime Phone #

CR2E034 (9/99)