

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02144

FILED
Jan 20, 2003
Secretary of State

Entity Name: NATIONAL ACCIDENT INSURANCE UNDERWRITERS, INC.

Current Principal Place of Business:

85 W. ALGONQUIN RD.
SUITE 500
ARLINGTON HEIGHTS, IL 60005 US

New Principal Place of Business:

Current Mailing Address:

85 W. ALGONQUIN RD.
SUITE 500
ARLINGTON HEIGHTS, IL 60005 US

New Mailing Address:

FEI Number: 36-2727009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DROBNY, IRVING
Address: 85 W. ALGONQUIN RD. #500
City-St-Zip: ARLINGTON HEIGHTS, IL

Title: S () Delete
Name: MCNAMARA, SUSAN
Address: 85 W ALGONQUIN RD
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: CDP () Delete
Name: DROONY, IRVING
Address: 85 W. ALGONQUIN RD.
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: V () Delete
Name: BENOIT, MICHAEL
Address: 85 W ALGONQUIN RD #500
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SMOCZYNSKI, FRANK
Address: 85 W. ALGONQUIN RD #500
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: SVP () Change (X) Addition
Name: STRATMAN, JOHN
Address: 7814 TEAL LAKE COVE
City-St-Zip: CORDOVA, TN 38018

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN MCNAMARA

S

01/20/2003

Electronic Signature of Signing Officer or Director

Date