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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90142 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03229

1. Corporation Name  
THE NATIONAL UNDERWRITER COMPANY

Principal Place of Business  
505 GEST STREET  
CINCINNATI OH 45203

Mailing Address  
505 GEST STREET  
CINCINNATI OH 45203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1984

4. FEI Number

31-0388770

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASSIDOMO, JOHN M.  
1300 THIRD STREET SOUTH  
NAPLES, FL 33940

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

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	EVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, GEORGE L	1.2 NAME	Loppert, David
STREET ADDRESS	505 GEST STREET	1.3 STREET ADDRESS	505 Gest St.
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	Cincinnati, OH
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMEL, CLARENCE W. JR.	2.2 NAME	
STREET ADDRESS	505 GEST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	P C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTNER, GARRY	3.2 NAME	
STREET ADDRESS	505 GEST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, ROBERT D.	4.2 NAME	Barnes, Clarence
STREET ADDRESS	505 GEST STREET	4.3 STREET ADDRESS	505 Gest Street
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	Cincinnati, OH
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIDINGER, DAVID E	5.2 NAME	Koco, Linda
STREET ADDRESS	505 GEST STREET	5.3 STREET ADDRESS	505 Gest Street
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP	Cincinnati, OH
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, WILLIAM P	6.2 NAME	Schneider, Hope
STREET ADDRESS	505 GEST ST	6.3 STREET ADDRESS	505 Gest Street
CITY-ST-ZIP	CINCINNATI OH	6.4 CITY-ST-ZIP	Cincinnati, OH

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 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

Daytime Phone #

CR2E034 (11/98)