## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03229

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Mar 20, 2007 Secretary of State

Entity Name: THE NATIONAL UNDERWRITER COMPANY							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
5081 OLMP ERLANGEF	IC BLVD. R, KY 41018						
Current Mailing Address:			New Maili	New Mailing Address:			
PO BOX 14 CINCINNAT	367 TI, OH 45250						
FEI Number:	31-0388770	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Sta	atus Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 S PINI	PRATION SYST E ISLAND RD DN, FL 33324	EM US					
The above in the State		bmits this statement for the pu	rpose of changing it	ts registered o	office or register	ed agent, or both,	
SIGNATUR							
Floories Com		Signature of Registered Agen	t	Date			
		rust Fund Contribution ( ).		-/			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () D GOODENOUGH, A 5081 OLYMPIC B ERLANGER, KY	ANDREW L LVD	Title: Name: Address: City-St-Zip:	CEO (X REILLY, WILLI 5081 OLYMPIC ERLANGER, KY	BLVD	ion	
Title: Name: Address: City-St-Zip:	SVD () D WHITE, SEAN C 5081 OLYMPIC B ERLANGER, KY	LVD.	Title: Name: Address: City-St-Zip:	P,S (X GOODENOUGH 5081 OLYMPIC ERLANGER, KY	BLVD.	ion	
Title: Name: Address: City-St-Zip:	PC () D GOODENOUGH, A 5081 OLYMPIC B ERLANGER, KY	ANDREW L LVD	Title: Name: Address: City-St-Zip:	CFO (X FLYNN, THOMA 5081 OLYMPIC ERLANGER, KY	BLVD	ion	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS FLYNN CFO 03/20/2007

() Delete

( ) Delete

PATTERSON, RICHARD H

5081 OLYMPIC BLVD

FLYNN, THOMAS M

5081 OLYMPIC BLVD

ERLANGER, KY 41018

CFO

ERLANGER, KY 41018

(X) Change ( ) Addition

(X) Change ( ) Addition

TENBROEK, JÁMES

REILLY, WILLIAM F

5081 OLYMPIC BLVD

ERLANGER, KY 41018

5081 OLYMPIC BLVD

ERLANGER, KY 41018