FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:34

DOCUMENT # P05382 (7)

1. Corporation Name
COMMUNITY NATIONAL ASSURANCE COMPANY

Principal Place of Business	Mailing Address
250 OLD WILSON BRIDGE ROAD PO BOX 10 WORTHINGTON OH 43085-0010 US	250 OLD WILSON BRIDGE ROAD PO BOX 10 WORTHINGTON OH 43085-0010 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 31-0628424 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	A/S	☐ Change ☒ Addition
NAME	GAINOR, JOHN JOSEPH	1.2 NAME	Umstead, Raymond L.	
STREET ADDRESS	8960 SALTCOATS CT.	1.3 STREET ADDRESS	7763 Westwind Lane	
CITY-ST-ZIP	DUBLIN OH	1.4 CITY-ST-ZIP	Cincinnati OH 45242	
TITLE	TD	2.1 TITLE	A/T	☐ Change ☒ Addition
NAME	MILNES, WILLIAM R.	2.2 NAME	John E. Gallina	
STREET ADDRESS	331 SUNNY ACRES	2.3 STREET ADDRESS	7116 Winding Brook Ct.	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	Columbus OH 43235	
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	HEIRD, ROBERT C.	3.2 NAME		
STREET ADDRESS	113 LAKEVIEW CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LOVELAND OH	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☐ Change ☐ Addition
NAME	HOUSER, DWANE RUSSELL	4.2 NAME		
STREET ADDRESS	9842 FORESTGLEN DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	BRUECKNER, STEFEN F.	5.2 NAME		
STREET ADDRESS	4745 BURLEY HILLS DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	SWINGLE, KRISTAN	6.2 NAME		
STREET ADDRESS	5381 BRAND ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John J. Gainor — February 9, 1995 (614) 436-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John J. Gainor, President and COO

0470221 FP