

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P09527 (3)**  
1. Corporation Name  
**NATIONAL CONTINENTAL INSURANCE COMPANY**



Principal Place of Business  
**6300 WILSON MILLS RD  
MAYFIELD VILLAGE OH 44143**

Mailing Address  
**6300 WILSON MILLS RD  
MAYFIELD VILLAGE OH 44143**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6300 Wilson Mills Rd, W33</b>		2a. Mailing Address 26 <b>6300 Wilson Mills Rd, W33</b>		3. Date Incorporated or Qualified <b>03/25/1986</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>06-0281045</b>	
City & State 23 <b>MAYFIELD VILLAGE, OH</b>		City & State 28 <b>MAYFIELD VILLAGE, OH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>44143-2182</b>	Country 25 <b>U.S.</b>	Zip 29 <b>44143-2182</b>	Country 30 <b>U.S.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>THE FLORIDA STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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	PD	1.1 TITLE	PD
NAME	FORRESTER, WILLIAM T	1.2 NAME	PALMER, KAREN L
STREET ADDRESS	6300 WILSON MILLS RD	1.3 STREET ADDRESS	747 Alpha Dr.
CITY-ST-ZIP	MAYFIELD VILLAGE OH	1.4 CITY-ST-ZIP	Highland Hts., OH 44143-2124
TITLE	AVP	2.1 TITLE	ATAV
NAME	DOLOHARTY, JANET A	2.2 NAME	DOLDHANTY
STREET ADDRESS	6300 WILSON MILLS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	2.4 CITY-ST-ZIP	44143-2182
TITLE	TD	3.1 TITLE	AV
NAME	CHOKEL, CHARLES B	3.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	3.4 CITY-ST-ZIP	44143-2182
TITLE	SD	4.1 TITLE	VP
NAME	SCHNEIDER, DAVID M/	4.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	4.4 CITY-ST-ZIP	44143-2182
TITLE	D	5.1 TITLE	AS
NAME	BENEY, MICHAEL R	5.2 NAME	CERNY, KATHLEEN M
STREET ADDRESS	6300 WILSON MILLS RD	5.3 STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH	5.4 CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143-2182
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

CR2E034 (10/97)