

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90051 017 ***150.00

DOCUMENT # P09527

1. Corporation Name

NATIONAL CONTINENTAL INSURANCE COMPANY

Principal Place of Business

6300 WILSON MILLS RD
MAYFIELD VILLAGE OH 44143
US

Mailing Address

6300 WILSON MILLS RD
MAYFIELD VILLAGE OH 44143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1986

4. FEI Number

06-0281045

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

THE FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

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

TITLE PD ☒ DELETE

NAME PALMER, KAREN L
STREET ADDRESS 747 ALPHA DR
CITY-ST-ZIP HIGHLAND HEIGHTS OH 44143

TITLE ATAV ☐ DELETE

NAME DOLOHANTY, JANET A
STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP MAYFIELD VILLAGE OH

TITLE AV ☐ DELETE

NAME CHOKEL, CHARLES B
STREET ADDRESS 6300 WILSON MILLS RD.
CITY-ST-ZIP MAYFIELD VILLAGE OH

TITLE VP ☐ DELETE

NAME SCHNEIDER, DAVID M/
STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP MAYFIELD VILLAGE OH

TITLE AS ☐ DELETE

NAME CERNY, KATHLEEN M
STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP MAYFIELD VILLAGE OH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME BOUCHERLE, CHARLES C.
1.3 STREET ADDRESS 6300 WILSON MILLS RD
1.4 CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: JDX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)