

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90462 037 \*\*\*150.00

**DOCUMENT # P09527**

1. Entity Name  
**NATIONAL CONTINENTAL INSURANCE COMPANY**



Principal Place of Business  
**1200 VETERAN'S MEMORIAL HIGHWAY  
SUITE 100  
HAUPPAUGE, NY 11788 US**

Mailing Address  
**6300 WILSON MILLS RD  
#W33  
MAYFIELD VILLAGE, OH 44143**

**60032164**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**06-0281045**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DIRECTOR OF OFFICE OF INSURANCE REG  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PD ☐ Delete  
NAME CASSELLA, WILLIAM T  
STREET ADDRESS 5920 LANDERBROOK DR  
CITY-ST-ZIP MAYFIELD HTS, OH 44124

TITLE ☒ Change ☐ Addition  
NAME 625 Alpha Dr.  
STREET ADDRESS Highland Heights, OH 44143  
CITY-ST-ZIP

TITLE ATD ☒ Delete  
NAME SAMO, JACK  
STREET ADDRESS 747 ALPHA DR  
CITY-ST-ZIP HIGHLAND HTS, OH 44143

TITLE ☐ Change ☒ Addition  
NAME vp/Director  
NAME Jayne A. White  
STREET ADDRESS 747 Alpha Dr.  
CITY-ST-ZIP Highland Heights, OH 44143

TITLE VP ☐ Delete  
NAME RIHVALSKY, SANDRA L  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MAJOR, LYNN N  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME ROSE, MARGARET A  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME PETERSON, STEPHEN D  
STREET ADDRESS 747 ALPHA DR  
CITY-ST-ZIP HIGHLAND HTS, OH 44143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Margaret A. Rose* Margaret A. Rose 4/25/06

440-461-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #