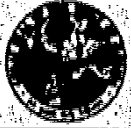


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
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**

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

APPROVED AND FILED
95 APR 26 PM 1:22
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/25/1986** 3a. Date of Last Report: **06/27/1994**
4. FEI Number: **08-0281045** 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 has liability for intangible tax under S. 199.032, Florida Statutes: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	FORRESTER, WILLIAM T
STREET ADDRESS	8300 WILSON MILLS RD
CITY - ST - ZIP	MAYFIELD VILLAGE OH
TITLE	D
NAME	BOUDRIE, MICHAEL
STREET ADDRESS	8300 WILSON MILLS RD
CITY - ST - ZIP	MAYFIELD VILLAGE OH
TITLE	VO
NAME	MARLOW, BRUCE W.
STREET ADDRESS	8300 WILSON MILLS RD
CITY - ST - ZIP	MAYFIELD VILLAGE OH
TITLE	T
NAME	LEWIS, DANIEL R.
STREET ADDRESS	8300 WILSON MILLS RD
CITY - ST - ZIP	MAYFIELD VILLAGE OH
TITLE	SD
NAME	SCHNEIDER, DAVID M/
STREET ADDRESS	8300 WILSON MILLS RD
CITY - ST - ZIP	MAYFIELD VILLAGE OH
TITLE	D
NAME	BENEY, MICHAEL R
STREET ADDRESS	8300 WILSON MILLS RD
CITY - ST - ZIP	MAYFIELD VILLAGE OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TO Chokel Charles B
3.3 STREET ADDRESS	2612 Butterwing
3.4 CITY - ST - ZIP	Pepper Pike OH
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TO Chokel Charles B
4.3 STREET ADDRESS	2613 Butterwing
4.4 CITY - ST - ZIP	Pepper Pike OH
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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; that I am a registered agent or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in the attachment with an address.

SIGNATURE: *David M. Schneider* DATE: _____