


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90316 039 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |                                                                                                                     |                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P09527</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                    |                                                                                                                                                               |
| 1. Entity Name<br>NATIONAL CONTINENTAL INSURANCE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                                                     |                                                                                                                                                               |
| Principal Place of Business<br>1200 VETERAN'S MEMORIAL HIGHWAY<br>SUITE 100<br>HAUPPAUGE, NY 11788 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                | Mailing Address<br>6300 WILSON MILLS RD<br>#W33<br>MAYFIELD VILLAGE, OH 44143                                       |                                                                                                                                                               |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                | 3. Mailing Address                                                                                                  |                                                                                                                                                               |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                               |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                | City & State                                                                                                        |                                                                                                                                                               |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                        | Zip                                                                                                                 | Country                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                | 7. Name and Address of New Registered Agent                                                                         |                                                                                                                                                               |
| DIRECTOR OF OFFICE OF INSURANCE REG<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |                                                                                                                     |                                                                                                                                                               |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>GASSELLA, WILLIAM T<br>5920 LANDERBROOK DR<br>MAYFIELD HTS, OH 44124 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | William T. Cassella <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ATVP<br>KUSMER, JAMES L <input checked="" type="checkbox"/> Delete<br>6300 WILSON MILLS RD<br>MAYFIELD VILLAGE, OH 44143       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | ATP<br>Jack J. Santo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>747 Alpha Dr.<br>Highland Hts., OH 44143                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>BASCH, JEFFREY W <input checked="" type="checkbox"/> Delete<br>6300 WILSON MILLS RD.<br>MAYFIELD VILLAGE, OH 44143       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | VP<br>Sandra L. Rihvalsky <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>6300 Wilson Mills Rd.<br>Mayfield Village, OH 44143 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPS<br>SHRALLOW, DANE A <input checked="" type="checkbox"/> Delete<br>300 N COMMONS BLVD<br>MAYFIELD VILLAGE, OH 44143         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | S<br>Lynn W. Major <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>6300 Wilson Mills Rd.<br>Mayfield Village, OH 44143        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>GERNY, KATHLEEN M <input checked="" type="checkbox"/> Delete<br>300 N COMMONS BLVD<br>MAYFIELD VILLAGE, OH 44143         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | AS<br>Margaret A. Rose <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>6300 Wilson Mills Rd.<br>Mayfield Village, OH 44143    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DVP<br>FORRESTER II, W THOMAS <input checked="" type="checkbox"/> Delete<br>6300 WILSON MILLS RD<br>MAYFIELD VILLAGE, OH 44143 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | T<br>Stephen D. Peterson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>747 Alpha Dr.<br>Highland Hts., OH 44143             |
| 12. 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 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: <i>Sandra L. Rihvalsky</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                | Date _____ Daytime Phone # _____                                                                                    |                                                                                                                                                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                                                     |                                                                                                                                                               |

50043061



01272005 Chg-P CR2E034 (10/03)

4. FEI Number 06-0281045 Applied For Not Applicable

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

FL Zip Code

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

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 |                                                                                                                                                               |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
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SIGNATURE: *Sandra L. Rihvalsky* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR