

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09527

FILED
Apr 10, 2015
Secretary of State
CC7993865756

Entity Name: NATIONAL CONTINENTAL INSURANCE COMPANY

Current Principal Place of Business:

1300 WALT WHITMAN ROAD
MELVILLE, NY 11747

Current Mailing Address:

P.O. BOX 5070
ATTN: LAW DEPARTMENT
CLEVELAND, OH 44101 US

FEI Number: 06-0281045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. SECRETARY
Name ROSE, MARGARET A.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

Title VP, DIRECTOR
Name BEMER, PATRICIA O.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name BENEY, MICHAEL R.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

Title TREASURER, DIRECTOR
Name BISSLER, MICHAEL W
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

Title PRESIDENT, DIRECTOR
Name CASSELLA, WILLIAM T.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name FLYNN, THOMAS W.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name HISEK, JEANETTE L.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

Title CHAIRMAN, DIRECTOR
Name KAMPF, WILLIAM R.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET A. ROSE

ASSISTANT SECRETARY 04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, DIRECTOR
Name MAHER, KEVIN P.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name ROSATI, CHRISTOPHER J.
Address 1300 WALT WHITMAN ROAD
City-State-Zip: MELVILLE NY 11747