

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P09527 (3)

1. Corporation Name

NATIONAL CONTINENTAL INSURANCE COMPANY



Principal Place of Business

Mailing Address

6300 WILSON MILLS RD  
MAYFIELD VILLAGE OH 44143

6300 WILSON MILLS RD  
MAYFIELD VILLAGE OH 44143

3. Date Incorporated or Qualified  
03/25/1986

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country  
24 Zip 25 Country

28 Zip Country  
29 Zip 30 Country

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE FLORIDA STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME FORRESTER, WILLIAM T  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE OH

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BOUDRIE, MICHAEL  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE OH

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME CHOKEL, CHARLES B  
STREET ADDRESS 2813 BUTTERWING  
CITY-ST-ZIP PEPPER PIKE OH

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 6300 Wilson Mills Rd.  
3.4 CITY-ST-ZIP Mayfield Village, OH 44143

TITLE TD  DELETE  
NAME CHOKEL, CHARLES B  
STREET ADDRESS 2813 BUTTERWING  
CITY-ST-ZIP PEPPER PIKE OH

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BENEY, MICHAEL R  
STREET ADDRESS 6300 WILSON MILLS RD  
CITY-ST-ZIP MAYFIELD VILLAGE OH

6.1 TITLE  Change  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 119.07(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 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 in an attachment with an address.

SIGNATURE:

*David M. Schneider*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Schneider

4/18/96

216-446-7870

Date

Daytime Phone #

CR2E034 (12/95)