above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET A. ROSE

# 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

# Officer/Director Detail :

Title	ASST. SECRETARY	Title	DIRECTOR
Name	ROSE, MARGARET A.	Name	BEMER, PATRICIA O.
Address	1 CORPORATE DRIVE, SUITE 201	Address	1 CORPORATE DRIVE, SUITE 201
City-State-Zip:	BOHEMIA NY 11716	City-State-Zip:	BOHEMIA NY 11716
Title	DIRECTOR	Title	TREASURER, DIRECTOR
Name	DEAN, MATTHEW	Name	FISCHER, CORY W
Address	1 CORPORATE DRIVE, SUITE 201	Address	1 CORPORATE DRIVE, SUITE 201
City-State-Zip:	BOHEMIA NY 11716	City-State-Zip:	BOHEMIA NY 11716
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR
Name	COURTNEY, BRIAN D	Name	FLYNN, THOMAS W.
Address	1 CORPORATE DRIVE, SUITE 201	Address	1 CORPORATE DRIVE, SUITE 201
City-State-Zip:	BOHEMIA NY 11716	City-State-Zip:	BOHEMIA NY 11716
Title	DIRECTOR	Title	DIRECTOR
Name	VARMA, KANIK	Name	POLITZI, VICTOR
Address	1 CORPORATE DRIVE, SUITE 201	Address	1 CORPORATE DRIVE, SUITE 201
City-State-Zip:	BOHEMIA NY 11716	City-State-Zip:	BOHEMIA NY 11716
		Continues on page 2	

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

### 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P09527

# Entity Name: NATIONAL CONTINENTAL INSURANCE COMPANY

**Current Principal Place of Business:** 

1 CORPORATE DRIVE, SUITE 201 BOHEMIA, NY 11716

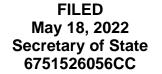
#### **Current Mailing Address:**

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

#### FEI Number: 06-0281045

# Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399 US



Certificate of Status Desired: No

ASSISTANT SECRETARY 05/18/2022

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	MAHER, KEVIN P.	Name	ROSATI, CHRISTOPHER J.
Address	1 CORPORATE DRIVE, SUITE 201	Address	1 CORPORATE DRIVE, SUITE 201
City-State-Zip:	BOHEMIA NY 11716	City-State-Zip:	BOHEMIA NY 11716
Title	SECRETARY		
Name	CORWIN, PATRICIA M		

Address 1 CORPORATE DRIVE, SUITE 201

City-State-Zip: BOHEMIA NY 11716