SIGNATURE: PATRICIA M. CORWIN

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

Electronic Signature of Signing Officer/Director Detail

TALLAHASSEE, FL 32399 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

Officer/Director Detail :

Officer/Dires			
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 Name	DIRECTOR DEAN, MATTHEW	Title Name Address	TREASURER, DIRECTOR FISCHER, CORY W 1 CORPORATE DRIVE, SUITE 201
Address	1 CORPORATE DRIVE, SUITE 201	City-State-Zip:	BOHEMIA NY 11716
City-State-Zip:	BOHEMIA NY 11716	City-State-Zip.	BOREMIA NY 11710
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 Name Address City-State-Zip:	DIRECTOR VARMA, KANIK 1 CORPORATE DRIVE, SUITE 201 BOHEMIA NY 11716	Title Name Address City-State-Zip:	DIRECTOR SCHUNTER, JOCHEN 1 CORPORATE DRIVE, SUITE 201 BOHEMIA NY 11716

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

Continues on page 2

SECRETARY

2023 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

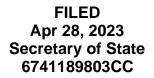
Current Mailing Address:

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

Date

04/28/2023

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