

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09527 (3)

1. Corporation Name
NATIONAL CONTINENTAL INSURANCE COMPANY



Principal Place of Business 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143	Mailing Address 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6300 WILSON MILLS RD, W33 Suite, Apt. #, etc. 22 City & State 23 MAYFIELD VILLAGE, OH Zip 24 44143-2182	2a. Mailing Address 26 6300 WILSON MILLS RD, W33 Suite, Apt. #, etc. 27 City & State 28 MAYFIELD VILLAGE, OH Zip 29 44143-2182	Country 25 U.S. 30 U.S.
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3. Date Incorporated or Qualified 03/25/1986	4. FEI Number 06-0281045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**THE FLORIDA STATE INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD FORRESTER, WILLIAM T <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORRESTER, WILLIAM T	1.2 NAME PD PALMER, KAREN L
STREET ADDRESS	6300 WILSON MILLS RD	1.3 STREET ADDRESS 747 Alpha Dr.
CITY-ST-ZIP	MAYFIELD VILLAGE OH	1.4 CITY-ST-ZIP Highland Hts., OH 44143-2124
TITLE	AVP DOLOHARTY, JANET A <input type="checkbox"/> DELETE	2.1 TITLE ATAV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLOHARTY, JANET A	2.2 NAME DOLOHANTY
STREET ADDRESS	6300 WILSON MILLS RD	2.3 STREET ADDRESS
CITY-ST-ZIP	MAYFIELD VILLAGE OH	2.4 CITY-ST-ZIP 44143-2182
TITLE	TD CHOKEL, CHARLES B <input type="checkbox"/> DELETE	3.1 TITLE AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOKEL, CHARLES B	3.2 NAME
STREET ADDRESS	6300 WILSON MILLS RD.	3.3 STREET ADDRESS
CITY-ST-ZIP	MAYFIELD VILLAGE OH	3.4 CITY-ST-ZIP 44143-2182
TITLE	SD SCHNEIDER, DAVID M/ <input type="checkbox"/> DELETE	4.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, DAVID M/	4.2 NAME
STREET ADDRESS	6300 WILSON MILLS RD	4.3 STREET ADDRESS
CITY-ST-ZIP	MAYFIELD VILLAGE OH	4.4 CITY-ST-ZIP 44143-2182
TITLE	D BENEY, MICHAEL R <input checked="" type="checkbox"/> DELETE	5.1 TITLE AS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEY, MICHAEL R	5.2 NAME CERNY, KATHLEEN M
STREET ADDRESS	6300 WILSON MILLS RD	5.3 STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH	5.4 CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143-2182
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address.

SIGNATURE _____

CFR2E034 (10/97)