

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 009 ***150.00

DOCUMENT # P09527

1. Entity Name
NATIONAL CONTINENTAL INSURANCE COMPANY

Principal Place of Business WILSON MILLS RD VILLAGE OH 44143	Mailing Address 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143-2109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1200 VETERAN'S MEMORIAL HWY Suite, Apt. #, etc. SUITE 100 City & State HAWAII NV Zip 11788	3. Mailing Address Suite, Apt. #, etc. W33 City & State Country Zip Country
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4. FEI Number 06-0281045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUCHERLE, CHARLES C 6300 WILSON HILLS RD. HAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 Wilson Mills Road MAYFIELD VILLAGE, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAV DOLOHANTY, JANET A 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ATVP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHOKEL, CHARLES B 6300 WILSON MILLS RD. MAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AVP D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHNEIDER, DAVID M/ 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S SHRALLOW, DANE A. 300 N. COMMONS BLVD MAYFIELD VILLAGE, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CERNY, KATHLEEN M 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 N. COMMONS BLVD MAYFIELD VILLAGE, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T D FORRESTER, W. THOMAS II 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, without other like empowerment.

SIGNATURE: X *[Signature]* 4/27/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)