

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90087 005 ***150.00

FORM 17

DOCUMENT # P09527

1. Entity Name
NATIONAL CONTINENTAL INSURANCE COMPANY

Principal Place of Business
**1200 VETERAN'S MEMORIAL HIGHWAY
 SUITE 100
 HAUPPAUGE NY 11788
 US**

Mailing Address
**6300 WILSON MILLS RD
 #W33
 MAYFIELD VILLAGE OH 44143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0281045

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Accepted)

200 East Baker Street

Larson Building

City

Tallahassee

FL

Zip Code

32309-0300

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BOUCHERLE, CHARLES C | |
| STREET ADDRESS | 747 ALPHA DRIVE | |
| CITY-ST-ZIP | HIGHLAND HEIGHTS OH 44143 | |
| TITLE | ATVP | <input type="checkbox"/> Delete |
| NAME | DOLOHANTY, JANET A | |
| STREET ADDRESS | 200 N COMMONS BOULEVARD | |
| CITY-ST-ZIP | HIGHLAND HEIGHTS OH 44143 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BASCH, JEFFREY W | |
| STREET ADDRESS | 6300 WILSON MILLS RD. | |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH 44143 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SHRALLOW, DANE A | |
| STREET ADDRESS | 300 N COMMONS BLVD | |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH 44143 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | CERNY, KATHLEEN M | |
| STREET ADDRESS | 300 N COMMONS BLVD | |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH 44143 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | FORRESTER II, W THOMAS | |
| STREET ADDRESS | 6300 WILSON MILLS RD | |
| CITY-ST-ZIP | CLEVELAND OH 44143 | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 300 N. Commons Blvd. | |
| CITY-ST-ZIP | Mayfield Village, OH 44143 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James L. Kusmer | |
| STREET ADDRESS | 6300 Wilson Mills Rd. | |
| CITY-ST-ZIP | Mayfield Village, OH 44143 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Director, VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)