

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90207 044 ***150.00

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country **US**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**THE FLORIDA STATE INSURANCE COMMISSIONER
200 EAST GAINES STREET
LARSON BUILDING
TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent
Name **Director of Office of Insurance Regulation**
Street Address (P.O. Box Number is Not Acceptable) **200 East Gaines Street**
City **Tallahassee** State **FL** Zip Code **32399-0326**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUCHERLE, CHARLES C 300 N COMMONS BLVD MAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATVP KUSMER, JAMES L 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASCH, JEFFREY W 6300 WILSON MILLS RD. MAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHRALLOW, DANE A 300 N COMMONS BLVD MAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CERNY, KATHLEEN M 300 N COMMONS BLVD MAYFIELD VILLAGE OH 44143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FORRESTER II, W THOMAS 6300 WILSON MILLS RD MAYFIELD OH 44143 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Jeffrey W. Busch** **3-17-03** **440-461-5000**
Date Daytime Phone #

CR2E034 (10/02)