

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **825236** (3)
1. Corporation Name
NATIONAL GENERAL INSURANCE COMPANY



Principal Place of Business: **3322 RIDER TRAIL S., HAZELWOOD, MO 63045**
P. O. BOX 66937
ST. LOUIS MO 63166-9337

Mailing Address: **3322 RIDER TRAIL S., HAZELWOOD, MO 63045**
P. O. BOX 66937
ST. LOUIS MO 63166-6937
US

3. Date Incorporated or Qualified: **10/20/1970** 3a. Date of Last Report: **01/26/1995**

4. FET Number: **43-0890050** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0592 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 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: VSD	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: PURVINES, VERNE E		2.2 NAME:	
3. STREET ADDRESS: 3322 RIDER TRAIL SOUTH		3.3 STREET ADDRESS:	
4. CITY, ST, ZIP: HAZELWOOD MO		4.4 CITY-ST, ZIP:	
5. TITLE: VDT	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: HUNT, LESTER J.		6.2 NAME:	
7. STREET ADDRESS: 3322 RIDER TRAIL SOUTH		7.3 STREET ADDRESS:	
8. CITY, ST, ZIP: HAZELWOOD MO		8.4 CITY-ST, ZIP:	
9. TITLE: VD	<input type="checkbox"/> DELETE	9.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: FOLEY, JOHN J.		10.2 NAME:	
11. STREET ADDRESS: 3322 RIDER TRAIL SOUTH		11.3 STREET ADDRESS:	
12. CITY, ST, ZIP: HAZELWOOD MO		12.4 CITY-ST, ZIP:	
13. TITLE: PD	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: REDMOND, DONALD P.		14.2 NAME:	
15. STREET ADDRESS: 3322 RIDER TRAIL SOUTH		15.3 STREET ADDRESS:	
16. CITY, ST, ZIP: HAZELWOOD MO		16.4 CITY-ST, ZIP:	
17. TITLE: VD	<input type="checkbox"/> DELETE	17.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: MORRIS, SHAWN D		18.2 NAME:	
19. STREET ADDRESS: 3322 RIDER TRAIL SOUTH		19.3 STREET ADDRESS:	
20. CITY, ST, ZIP: HAZELWOOD MO		20.4 CITY-ST, ZIP:	
21. TITLE: VD	<input type="checkbox"/> DELETE	21.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME: HANRAHAN, KENNETH C.		22.2 NAME:	
23. STREET ADDRESS: 3322 RIDER TRAIL SOUTH		23.3 STREET ADDRESS:	
24. CITY, ST, ZIP: HAZELWOOD MO		24.4 CITY-ST, ZIP:	

21. TITLE: **VD** Change Addition
22. NAME: **Hanrahan, Kenneth C.**
23. STREET ADDRESS: **3322 Rider Trail South**
24. CITY, ST, ZIP: **Hazelwood, MO 63045**

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Verne E. Purvines** 1/26/96 314-770-8664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)