

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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825236
 1. Corporation Name
NATIONAL GENERAL INSURANCE COMPANY

Principal Place of Business 3322 Rider Trail South Hazelwood, MO 63045	Mailing Address P.O. Box 66937 St. Louis, MO 63166-6937
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/20/1979	3a. Date of Last Report 1/26/96
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 43-0890050	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Insurance Commissioner
 Capitol Bldg.
 Tallahassee FL 32399**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. **600002128266**
~~03/31/97-01004-022~~
 84. City *****165.00** **FL** Zip Code **85**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	VSD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Purvinés, Verne E.
STREET ADDRESS		1.3 STREET ADDRESS	3322 Rider Trail South
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hazelwood, MO 63045
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	VDT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Hunt, Lester J.
STREET ADDRESS		2.3 STREET ADDRESS	3322 Rider Trail South
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hazelwood, MO 63045
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Foley, John J.
STREET ADDRESS		3.3 STREET ADDRESS	3322 Rider Trail South
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hazelwood, MO 63045
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Redmond, Donald P.
STREET ADDRESS		4.3 STREET ADDRESS	3322 Rider Trail South
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hazelwood, MO 63045
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Morris, Shawn D.
STREET ADDRESS		5.3 STREET ADDRESS	3322 Rider Trail South
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hazelwood, MO 63045
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Hanrahan, Kenneth C
STREET ADDRESS		6.3 STREET ADDRESS	3322 Rider Trial South
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hazelwood, MO 63045

14. I declare by certifying 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 contained 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: _____ DATE: **3/14/97** DAYTIME PHONE #: **314-298-0500**

CR2E034 (9/96)

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NATIONAL GENERAL INSURANCE COMPANY

Additional Directors and Officers

VD

Irving, James T.
3322 Rider Trail South
Hazelwood, MO 63045

VD

Nelson, Mary M.
3322 Rider Trail South
Hazelwood, MO 63045

VD

Smith, Byron W.
3322 Rider Trail South
Hazelwood, MO 63045