

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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90037 009 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**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  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 One National General Plaza**  
 Suite, Apt. #, etc.  
**22**  
 City & State  
**23**  
 Zip Country  
**24** **25**  
 2a. Mailing Address  
**26**  
 Suite, Apt. #, etc.  
**27**  
 City & State  
**28**  
 Zip Country  
**29** **30**

3. Date Incorporated or Qualified  
**10/20/1970**

4. FEI 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 owes the current year Intangible Personal Property Tax.  Yes  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**  
**84** City **FL** **85** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------|---|--|
| TITLE                      | VSD<br>PURVINES, VERNE E  | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3322 RIDER TRAIL SOUTH    | 1.2 NAME  |  |
| STREET ADDRESS             | HAZELWOOD MO 63045        | 1.3 STREET ADDRESS                                    | ONE NATIONAL GENERAL PLAZA   |
| CITY-ST-ZIP                |                           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VDT<br>HUNT, LESTER J.    | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3322 RIDER TRAIL SOUTH    | 2.2 NAME  |  |
| STREET ADDRESS             | HAZELWOOD MO 63045        | 2.3 STREET ADDRESS                                    | ONE NATIONAL GENERAL PLAZA   |
| CITY-ST-ZIP                |                           | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD<br>FOLEY, JOHN J.      | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3322 RIDER TRAIL SOUTH    | 3.2 NAME  |  |
| STREET ADDRESS             | HAZELWOOD MO 63015        | 3.3 STREET ADDRESS                                    | ONE NATIONAL GENERAL PLAZA   |
| CITY-ST-ZIP                |                           | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D<br>REDMOND, DONALD P.   | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | 3322 RIDER TRAIL SOUTH    | 4.2 NAME  | D<br>KUSUMI, GARY Y  |
| STREET ADDRESS             | HAZELWOOD MO 63045        | 4.3 STREET ADDRESS                                    | ONE NATIONAL GENERAL PLAZA   |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       | HAZELWOOD, MO 63045  |
| TITLE                      | VD<br>MORRIS, SHAWN D     | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3322 RIDER TRAIL SOUTH    | 5.2 NAME  |  |
| STREET ADDRESS             | HAZELWOOD MO 63045        | 5.3 STREET ADDRESS                                    | ONE NATIONAL GENERAL PLAZA   |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD<br>HANRAHAN, KENNETH C | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3322 RIDER TRAIL SOUTH    | 6.2 NAME  |  |
| STREET ADDRESS             | HAZELWOOD MO 63045        | 6.3 STREET ADDRESS                                    | ONE NATIONAL GENERAL PLAZA   |
| CITY-ST-ZIP                |                           | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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, with all other like empowered.

SIGNATURE: *Verne E. Purvines* **Verne E. Purvines** 3/30/99 314-493-8664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)