

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90179 028 ***150.00

DOCUMENT # 825236

1. Entity Name
NATIONAL GENERAL INSURANCE COMPANY

Principal Place of Business
**ONE NATIONAL GENERAL PLAZA
 HAZELWOOD MO 63045**

Mailing Address
**P.O. BOX 66937
 ST. LOUIS MO 63166-6937
 US**

2. Principal Place of Business

3. Mailing Address
500 WEST FIFTH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WINSTON-SALEM, NC

4. FEI Number
43-0890050

Applied For
 Not Applicable

Zip Country

Zip Country
27152 US

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

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32399**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PURVINES, VERNE E ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BOLAR, DONALD J ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BUSELMEIER, BERNARD J ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPD KUSUMI, GARY Y ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MATHE, ROBERT E ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITE, MITCHELL F ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045 <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAS PURVINES, VERNE E ONE NATIONAL GENERAL PLAZA HAZELWOOD, MO 63045 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCAO BOLAR, DONALD J. ONE NATIONAL GENERAL PLAZA HAZELWOOD, MO 63045 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPCFOD BUSELMEIER, BERNARD J. 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COBPCEOD KUSUMI, GARY Y. 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP & Actuary Daniel C. Pickens 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCMOD WHITE, MITCHELL F. 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Sheena E. Poole *Sheena E Poole*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VP & Secretary** 02/19/2002 (336) 770-2675
Signature Daytime Phone #

CR2E034 (9/01)