

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825236

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: NATIONAL GENERAL INSURANCE COMPANY

## Current Principal Place of Business:

ONE GMAC INSURANCE PLAZA  
HAZELWOOD, MO 63045

## New Principal Place of Business:

13736 RIVERPORT DRIVE  
SUITE 700  
MARYLAND HEIGHTS, MO 63043

## Current Mailing Address:

500 WEST FIFTH STREET  
WINSTON-SALEM, NC 27152 US

## New Mailing Address:

FEI Number: 43-0890050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPAS ( ) Delete  
Name: PURVINES, VERNE E,  
Address: ONE GMAC INSURANCE PLAZA  
City-St-Zip: HAZELWOOD, MO 63045

Title: VTCO ( ) Delete  
Name: BOLAR, DONALD J  
Address: ONE GMAC INSURANCE PLAZA  
City-St-Zip: HAZELWOOD, MO 63045

Title: EVDC ( ) Delete  
Name: BUSELMEIER, BERNARD J  
Address: ONE GMAC INSURANCE PLAZA  
City-St-Zip: HAZELWOOD, MO 63045

Title: PCOD ( ) Delete  
Name: KUSUMI, GARY Y  
Address: ONE GMAC INSURANCE PLAZA  
City-St-Zip: HAZELWOOD, MO 63045

Title: VCAD ( ) Delete  
Name: PICKENS, DANIEL C  
Address: 500 WEST FIFTH STREET  
City-St-Zip: WINSTON SALEM, NC 27152

Title: VCMD ( ) Delete  
Name: WHITE, MITCHELL F  
Address: 817 WEST PEACHTREE ST., STE 750  
City-St-Zip: ATLANTA, GA 303081138

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition  
Name: POE, SHEENA E  
Address: 500 WEST FIFTH STREET  
City-St-Zip: WINSTON-SALEM, NC 27152

Title: VTCO (X) Change ( ) Addition  
Name: BOLAR, DONALD J  
Address: 500 WEST FIFTH STREET  
City-St-Zip: WINSTON-SALEM, NC 27152

Title: EVDC (X) Change ( ) Addition  
Name: BUSELMEIER, BERNARD J  
Address: 13736 RIVERPORT DRIVE, SUITE 700  
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: PCOD (X) Change ( ) Addition  
Name: KUSUMI, GARY Y  
Address: 13736 RIVERPORT DRIVE  
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEENA E. POE

DVS

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date