2003 FOR PROFIT CORPORATION

Mailing Address 500 WEST FIFTH STREET

3. Mailing Address

Suite, Apt. #, etc.

WINSTON-SALEM NC 27152

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

HAZELWOOD MO 63045

Suite, Apt. #, etc.

ONE NATIONAL GENERAL PLAZA

2. Principal Place of Business

INSURANCE COMMISSIONER

One GMAC Insurance Plaza

825236

1. Entity Name NATIONAL GENERAL INSURANCE COMPANY



FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 91886 012 ***150.00

CHECK HERE IF MAKING CHANGES

(Street Name Change) City & State City & State 4. FEI Number Applied For 43-0890050 Hazelwood, MO Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 63045

6. Name and Address of Current Registered Agent

City

Street Address (P.O. Box Number is Not Acceptable)

CAPITOL BLDG TALLAHASSEE FL 32399

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

7. Name and Address of New Registered Agent

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VPAS** VP AS TITI F TITLE (Change Addition Delete Purvines, Verne E NAME PURVINES, VERNE E NAME One GMAC Insurance Plaza ONE NATIONAL GENERAL PLAZA STREET ADDRESS STREET ADDRESS Hazelwood, MO 63045 CITY-ST-ZIP HAZELWOOD MO 63045 CITY-ST-ZIP TITLE **TCAO** Delete TITLE X Change Addition VP T CAO NAME BOLAR, DONALD J NAME Bolar, Donald J. STREET ADDRESS STREET ADDRESS one national general plaza 500 West Fifth Street CITY-ST-ZIP CITY-ST-ZIP HAZELWOOD MO 63045 Winston-Salem, NC 27152 TITLE ☐ Delete TITLE EVP CFO D X Change ☐ Addition **EVP** NAME BUSELMEIER, BERNARD J NAME Buselmeier, Bernard J One GMAC Insurance Plaza STREET ADDRESS ONE NATIONAL GENERAL PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hazelwood, MO 63045 HAZELWOOD MO 63045 P CEO D Change TITLE COB ☐ Delete TITLE ■ Addition Kusumi, Gary Y NAME KUSUMI, GARY Y NAME STREET ADDRESS ONE NATIONAL GENERAL PLAZA STREET ADDRESS One GMAC Insurance Plaza CITY-ST-ZIP HAZELWOOD MO 63045 CITY-ST-ZIP Hazelwood, MO 63045 TITLE ☐ Delete VP CA D **X** Change ☐ Addition Pickens, Daniel C NAME PICKENS, DANIEL C NAME 500 West Fifth Street STREET ADDRESS STREET ADDRESS ONE NATIONAL GENERAL PLAZA CITY-ST-ZIP CITY-ST-ZIP HAZELWOOD MO 63045 Winston-Salem, NC 27152 VP CMO D TITLE Delete TITLE K Change ☐ Addition White, Mitchell F NAME WHITE, MITCHELL F NAME Suite 750 817 West Peachtree St STREET ADDRESS ONE NATIONAL GENERAL PLAZA STREET ADDRESS Atlanta, GA 30308-1138 CITY-ST-ZIP CITY-ST-ZIP HAZELWOOD MO 63045

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SAMATURE PREQUIRE Sheena E. Poe

4/24/03

(336) 770-2675