FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825222 (3)

1. Corporation Name
NATIONAL STATES INSURANCE COMPANY

Principal Place of Business	Mailing Address
1830 CRAIG PARK CT P O BOX 46925 ST LOUIS MO 63146	1830 CRAIG PARK CT P O BOX 46925 ST LOUIS MO 63146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1970
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 43-0825796 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, THOMAS R.	1.2 NAME	
STREET ADDRESS	9 VOUGA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	KATCHER, BYRON J.	2.2 NAME	
STREET ADDRESS	36 CONWAY COVE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFILED MO	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	RARIDEN,CHARLES E	3.2 NAME	
STREET ADDRESS	909 SMITH	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERGUSON MO	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KOPF, JAMES	4.2 NAME	
STREET ADDRESS	590 SARAH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PESSIN,BENJAMIN	5.2 NAME	
STREET ADDRESS	130 LADUE PINES	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, MARTIN	6.2 NAME	
STREET ADDRESS	8418 KNOLLWOOD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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, given an attachment with an address.

SIGNATURE: _____ Byron J. Katcher 2/1/95 (314) 878-0101
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0400070 FP