

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 825222**

1. Corporation Name

**NATIONAL STATES INSURANCE COMPANY**

Principal Place of Business

**1830 CRAIG PARK CT  
P O BOX 46925  
ST LOUIS MO 63146**

Mailing Address

**1830 CRAIG PARK CT  
P O BOX 46925  
ST LOUIS MO 63146**

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90062 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/19/1970**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITAL BLDG.  
TALLAHASSEE FL 32399**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **GREEN, THOMAS R.**  
CITY-ST-ZIP **9 VOUGA LANE  
ST LOUIS MO**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **BYBEL, JOHN P.**  
CITY-ST-ZIP **949 FORVER HILLS DRIVE  
ST. LOUIS MO 63129**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **RARIDEN, CHARLES E**  
CITY-ST-ZIP **909 SMITH  
FERGUSON MO**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **KOPF, JAMES**  
CITY-ST-ZIP **578 SARAH LANE  
ST LOUIS MO**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PESSIN, BENJAMIN**  
CITY-ST-ZIP **130 LADUE PINES  
ST LOUIS MO**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HARRINGTON, MARTIN**  
CITY-ST-ZIP **8418 KNOLLWOOD  
ST LOUIS MO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Bybee, John Phillip  
949 Forder Hills Dr**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**250 Cedar Forest Ct  
St. Charles MO 63303**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**D  
Mel Gross  
5051 66th St North  
St. Petersburg FL 33709**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)