

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90045 050 ***150.00

DOCUMENT # 825222

1. Entity 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

80020701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-0825796**

Applied For

Not Applicable

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
THE CAPITAL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	GREEN, THOMAS R.	
STREET ADDRESS	9 VOUGA LANE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BYBEE, JOHN PHILLIP	
STREET ADDRESS	949 FORDER HILL DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63129	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RARIDEN, CHARLES E	
STREET ADDRESS	250 CEDAR FOREST COURT	
CITY-ST-ZIP	ST. CHARLES MO 63303	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSS, MEL	
STREET ADDRESS	5051 66TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PESSIN, BENJAMIN	
STREET ADDRESS	130 LADUE PINES	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRINGTON, MARTIN	
STREET ADDRESS	8418 KNOLLWOOD	
CITY-ST-ZIP	ST LOUIS MO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale D. Turvey	
STREET ADDRESS	1819 Clarkson Rd, Suite 301	
CITY-ST-ZIP	Chesterfield, MO 63017	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert A Bonney	
STREET ADDRESS	3341 West Adams	
CITY-ST-ZIP	St. Charles, MO 63301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy J McCoy	
STREET ADDRESS	6304 Mary Anna Dr	
CITY-ST-ZIP	Austin, TX 78746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William R Morrison	
STREET ADDRESS	13 Post Oak Drive	
CITY-ST-ZIP	St. Peters, MO 63376	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John Phillip Bybee

John Phillip Bybee

February 9, 2001

(314) 878-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)