

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90133 049 \*\*\*150.00

**DOCUMENT # 825222**

**1. Entity 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**

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Durington, Rex M**  
**CITY-ST-ZIP** **200 N Broadway**  
**St. Louis MO 63102**

**TITLE** ☐ Delete  
**NAME** **ST**  
**STREET ADDRESS** **BYBEE, JOHN PHILLIP**  
**CITY-ST-ZIP** **949 FORDER HILL DRIVE**  
**ST. LOUIS MO 63129**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Morrison, William R**  
**CITY-ST-ZIP** **4 Oak Terrace**  
**St. Peters MO 63376**

**TITLE** ☐ Delete  
**NAME** **VD**  
**STREET ADDRESS** **RARIDEN, CHARLES E**  
**CITY-ST-ZIP** **250 CEDAR FOREST COURT**  
**ST. CHARLES MO 63303**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Surrett, Lynn L**  
**CITY-ST-ZIP** **7311 Hoover Ave**  
**St. Louis MO 63117**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **GROSS, MEL**  
**CITY-ST-ZIP** **5051 66TH STREET NORTH**  
**ST. PETERSBURG FL 33709**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **Bonney, Robert A**  
**CITY-ST-ZIP** **3341 West Adams**  
**St. Charles MO 63301**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **TURVEY, DALE D**  
**CITY-ST-ZIP** **1819 CLARKSON RD, SUITE 301**  
**CHESTERFIELD MO 63017**

**TITLE** ☐ Change ☒ Addition  
**NAME** **D**  
**STREET ADDRESS** **McCoy, Timothy J**  
**CITY-ST-ZIP** **5304 Mary Anna Drive**  
**Austin TX 78746**

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

**TITLE** ☐ Change ☐ 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)(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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

(314) 878-0101

Daytime Phone #

CR2E034 (9/01)