


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2004 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

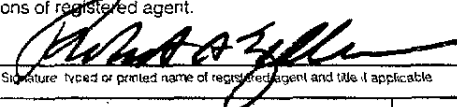


MOORE CR2E034 (11/03)

4. FEI Number 43-0825796		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  02/20/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, THOMAS R.	NAME	
STREET ADDRESS	9 VOUGA LANE	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	03/01/04-80067-011 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLERMAN, ROBERT A	NAME	
STREET ADDRESS	177 SOMMERSET DR	STREET ADDRESS	
CITY-ST-ZIP	GLEN CARBON IL 62034	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RARIDEN, CHARLES E	NAME	
STREET ADDRESS	250 CEDAR FOREST COURT	STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES MO 63303	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, MEL	NAME	
STREET ADDRESS	5051 66TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURVEY, DALE D	NAME	
STREET ADDRESS	1819 CLARKSON RD, SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO 63017	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, MARTIN	NAME	
STREET ADDRESS	8418 KNOLLWOOD	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	CITY-ST-ZIP	

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

SIGNATURE:  Robert A. Zellerman 2/16/04 314 878-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #