


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # 825222 1. Entity Name NATIONAL STATES INSURANCE COMPANY	
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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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01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, THOMAS R. 150 CARONDELET PLAZA STE 1101 CLAYTON, MO 63105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CURRAN, PATRICIA I 5837 WHITE PINE DR SAINT LOUIS, MO 63129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISON, WILLIAM R 13 POST OAK DR SAINT PETERS, MO 63376
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, MEL 5051 66TH STREET NORTH ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURVEY, DALE D 1819 CLARKSON RD, SUITE 301 CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, MARTIN 8418 KNOLLWOOD ST LOUIS, MO

U00000651916
03/09/07-80026-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia I. Curran* *Patricia I. Curran* 2/19/07 314 878-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #