

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90035 029 ***150.00

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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

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREEN, THOMAS R.
STREET ADDRESS 150 CARONDELET PLAZA STE 1101
CITY - ST - ZIP CLAYTON, MO 63105

TITLE STD
NAME CURRAN, PATRICIA I
STREET ADDRESS 5837 WHITE PINE DR
CITY - ST - ZIP SAINT LOUIS, MO 63129

TITLE VD
NAME MORRISON, WILLIAM R
STREET ADDRESS 13 POST OAK DR
CITY - ST - ZIP SAINT PETERS, MO 63376

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

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia I Curran 2/25/08 (314) 878-0101

Date

Daytime Phone #