

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825222

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: NATIONAL STATES INSURANCE COMPANY

## Current Principal Place of Business:

1830 CRAIG PARK CT  
P O BOX 46925  
ST LOUIS, MO 63146

## New Principal Place of Business:

1830 CRAIG PARK CT  
ST LOUIS, MO 63146

## Current Mailing Address:

1830 CRAIG PARK CT  
P O BOX 46925  
ST LOUIS, MO 63146

## New Mailing Address:

1830 CRAIG PARK CT  
ST LOUIS, MO 63146

FEI Number: 43-0825796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GREEN, THOMAS R.,  
Address: 150 CARONDELET PLAZA STE 1101  
City-St-Zip: CLAYTON, MO 63105

Title: STD ( ) Delete  
Name: CURRAN, PATRICIA I  
Address: 5837 WHITE PINE DR  
City-St-Zip: SAINT LOUIS, MO 63129

Title: VD ( ) Delete  
Name: MORRISON, WILLIAM R  
Address: 13 POST OAK DR  
City-St-Zip: SAINT PETERS, MO 63376

Title: D ( ) Delete  
Name: GROSS, MEL  
Address: 5051 66TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D ( ) Delete  
Name: TURVEY, DALE D  
Address: 1819 CLARKSON RD, SUITE 301  
City-St-Zip: CHESTERFIELD, MO 63017

Title: D ( ) Delete  
Name: HARRINGTON, MARTIN,  
Address: 8418 KNOLLWOOD  
City-St-Zip: ST LOUIS, MO

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA I CURRAN

STD

01/07/2009

Electronic Signature of Signing Officer or Director

Date