

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90900 004 ***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

☐ CHECK HERE IF MAKING CHANGES

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

**INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

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

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **STD** ☐ Change ☒ Addition
NAME **Robert A Zellerman**
STREET ADDRESS **177 Sommerset DR.**
CITY-ST-ZIP **Glen Carbon IL 62034**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Durington Rex**
STREET ADDRESS **2018 Shep Ct.**
CITY-ST-ZIP **Chesterfield Mo 63005**

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

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

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

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

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

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

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

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

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03

(314) 878-0101

Date

Daytime Phone #

CR2E034 (10/02)