

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mayham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:15

DOCUMENT # F94000003016 (2)  
1. Corporation Name  
**NATIONAL GENERAL ASSURANCE COMPANY**

Principal Place of Business Mailing Address  
PO BOX 66937 PO BOX 66937  
ST LOUIS MO 63166-6937 ST LOUIS MO 63166-6937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/09/1994  
3a. Date of Last Report  
4. FEI Number 43-1301482  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 3322 Rider Trail South 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
23 Hazelwood, Missouri 28  
City & State  
24 Zip 63045 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REDMOND, DONALD P 754 CRAB THICKET LANE DES PERES MO 63131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HANRAHAN, KENNETH C 8919 COZZENS ST LOUIS MO 63136	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PURVINES, VERNE E 4444 LINDELL BLVD ST LOUIS MO 63108	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUNT, LESTER J 1909 WOLFCREEK PASS BALLWIN MO 63011	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PERO, JOSEPH J 4097 WATERWHEEL LANE BLOOMFIELD HILLS MI 48304 <i>delete</i>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOLEY, JOHN J 2620 SUN MEADOWS DRIVE CHESTERFIELD MO 63017	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Verne E. Purvines* 1-18-95 314-298-0500  
Verne E. Purvines (Typed Name) (Typed Date) (Typed Phone Number)

**NATIONAL GENERAL ASSURANCE COMPANY**

**Additional Officers and Directors**

**Director, Vice President**  
**Morris, Shawn D.**  
**3322 Rider Trail South**  
**Hazelwood, MO 630454**

**Director, Vice President**  
**Irving, James T.**  
**3322 Rider Trail South**  
**Hazelwood, MO 63045**

**Vice President**  
**Nelson, Mary M**  
**3322 Rider Trail South**  
**Hazelwood, MO 63045**

**Director, Vice President**  
**Smith, Byron W.**  
**3322 Rider Trail South**  
**Hazelwood, MO 63045**