

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003016 (2)**

1. Corporation Name
NATIONAL GENERAL ASSURANCE COMPANY



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

3. Date Incorporated or Qualified: **06/09/1994**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **43-1301482**
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: **3322 Rider Trail South Hazelwood, Missouri 63045**
2a. Mailing Address: **3322 Rider Trail South Hazelwood, Missouri 63045**

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399**
10. Name and Address of New Registered Agent: **FL 85**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: REDMOND, DONALD P	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 754 CRAB THICKET LANE	CITY, ST, ZIP: DES PERES MO	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: DV	NAME: HANRAHAN, KENNETH C	1.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8919 COZZENS	CITY, ST, ZIP: ST LOUIS MO 63136	2.1 TITLE:	
	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE: DVS	NAME: PURVINES, VERNE E	2.3 STREET ADDRESS:	
STREET ADDRESS: 4444 LINDELL BLVD	CITY, ST, ZIP: ST LOUIS MO	2.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE:	
TITLE: DVT	NAME: HUNT, LESTER J	3.2 NAME:	
STREET ADDRESS: 1909 WOLFCREEK PASS	CITY, ST, ZIP: BALLWIN MO	3.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	3.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV	NAME: FOLEY, JOHN J	4.1 TITLE:	
STREET ADDRESS: 2820 SUN MEADOWS DRIVE	CITY, ST, ZIP: CHESTERFIELD MO	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
TITLE:		4.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.1 TITLE:	
STREET ADDRESS:		5.2 NAME:	
CITY, ST, ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE:	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.5 TITLE:	
		6.6 NAME:	
		6.7 STREET ADDRESS:	
		6.8 CITY, ST, ZIP:	

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 119.07(3)(a), Florida Statutes. I further certify that the information indicated 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. 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 Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE: *Verne E. Purvines* **Verne E. Purvines** 1/26/96 314-770-8664
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE CITY, STATE

CR2E034 (12/95)