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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F-94000003016
1. Corporation Name
NATIONAL GENERAL ASSURANCE COMPANY

Principal Place of Business: 3322 Rider Trail South, Hazelwood, MO 63045
Mailing Address: P.O. Box 66937, St. Louis, MO 63166-6937

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	06/09/94	2/2/96
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	43-1301482	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Insurance Commissioner The Capitol Tallahassee, FL 32399	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. 700002128697
	84. City
	03/31/97-01098-032 ***165.00 FL Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1.2 NAME Redmond, Donald P.
1.3 STREET ADDRESS	1.3 STREET ADDRESS 3322 Rider Trail South
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP Hazelwood, MO 63045
2.1 TITLE <input type="checkbox"/> DELETE	2.1 TITLE DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2.2 NAME Hanrahan, Kenneth C.
2.3 STREET ADDRESS	2.3 STREET ADDRESS 3322 Rider Trail South
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP Hazelwood, MO 63045
3.1 TITLE <input type="checkbox"/> DELETE	3.1 TITLE DVS <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3.2 NAME Purvines, Verne E.
3.3 STREET ADDRESS	3.3 STREET ADDRESS 3322 Rider Trail South
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP Hazelwood, MO 63045
4.1 TITLE <input type="checkbox"/> DELETE	4.1 TITLE DVT <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4.2 NAME Hunt, Lester J.
4.3 STREET ADDRESS	4.3 STREET ADDRESS 3322 Rider Trail South
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP Hazelwood, MO 63045
5.1 TITLE <input type="checkbox"/> DELETE	5.1 TITLE DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5.2 NAME Foley, John J.
5.3 STREET ADDRESS	5.3 STREET ADDRESS 3322 Rider Trail South
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP Hazelwood, MO 63045
6.1 TITLE <input type="checkbox"/> DELETE	6.1 TITLE DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6.2 NAME Irving, James T.
6.3 STREET ADDRESS	6.3 STREET ADDRESS 3322 Rider Trail South
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP Hazelwood, MO 63045

14. I do hereby certify that the corporation signed with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information contained 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 if changed or on an attachment with an address.

SIGNATURE: _____ DATE: 3/14/97 DAYTIME PHONE: 314-298-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

NATIONAL GENERAL ASSURANCE COMPANY

Additional Directors and Officers

VD

Morris, Shawn D.
3322 Rider Trail South
Hazelwood, MO 63045

VD

Nelson, Mary M.
3322 Rider Trail South
Hazelwood, MO 63045

VD

Smith, Byron W.
3322 Rider Trail South
Hazelwood, MO 63045

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