

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003016 (2)
 1. Corporation Name
NATIONAL GENERAL ASSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3322 RIDER TRAIL SOUTH HAZELWOOD MO 63045 US		Mailing Address PO BOX 66937 ST LOUIS MO 63166-6937	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/09/1994	4. FEI Number 43-1301482
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. 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 607.0602 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. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REDMOND, DONALD P	
STREET ADDRESS	3322 RIDER TRAIL SOUTH	
CITY-ST-ZIP	HAZELWOOD MO 63045	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HANRAHAN, KENNETH C	
STREET ADDRESS	3322 RIDER TRAIL SOUTH	
CITY-ST-ZIP	HAZELWOOD MO 63045	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	PURVINES, VERNE E	
STREET ADDRESS	3322 RIDER TRAIL SOUTH	
CITY-ST-ZIP	HAZELWOOD MO 63045	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	HUNT, LESTER J	
STREET ADDRESS	3322 RIDER TRAIL SOUTH	
CITY-ST-ZIP	HAZELWOOD MO 63045	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FOLEY, JOHN J	
STREET ADDRESS	3322 RIDER TRAIL SOUTH	
CITY-ST-ZIP	HAZELWOOD MO 63045	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	IRVING, JAMES T	
STREET ADDRESS	3322 RIDER TRAIL SOUTH	
CITY-ST-ZIP	HAZELWOOD MO 63045	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Redmond, Donald P	
1.3 STREET ADDRESS	3322 Rider Trail South	
1.4 CITY-ST-ZIP	Hazelwood, MO 63045	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Foley, John J.	
5.3 STREET ADDRESS	3322 Rider Trail South	
5.4 CITY-ST-ZIP	Hazelwood, MO 63046	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:  Verne E. Purvines February 25, 1998

CR2E034 (10/97)