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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90037 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000003016

1. Corporation Name
NATIONAL GENERAL ASSURANCE COMPANY



Principal Place of Business
**3322 RIDER TRAIL SOUTH
 HAZELWOOD MO 63045
 US**

Mailing Address
**PO BOX 66937
 ST LOUIS MO 63166-6937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1994

4. FEI Number
43-1301482

5. Certificate of Status Desired Applied For
 Not Applicable **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **One National General Plaza**

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

DELETE

TITLE **D**

NAME **REDMOND, DONALD P**

STREET ADDRESS **3322 RIDER TRAIL SOUTH**

CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **DV**

NAME **HANRAHAN, KENNETH C**

STREET ADDRESS **3322 RIDER TRAIL SOUTH**

CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **DVS**

NAME **PURVINES, VERNE E**

STREET ADDRESS **3322 RIDER TRAIL SOUTH**

CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **DVT**

NAME **HUNT, LESTER J**

STREET ADDRESS **3322 RIDER TRAIL SOUTH**

CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **DP**

NAME **FOLEY, JOHN J**

STREET ADDRESS **3322 RIDER TRAIL SOUTH**

CITY-ST-ZIP **HAZELWOOD MO 63046**

TITLE **DV**

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

Change Addition

1.1 TITLE **D**

1.2 NAME **KUSUMI, GARY Y.**

1.3 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**

1.4 CITY-ST-ZIP **HAZELWOOD, MO 63045**

2.1 TITLE Change Addition

2.2 NAME **ONE NATIONAL GENERAL PLAZA**

2.3 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**

2.4 CITY-ST-ZIP **ONE NATIONAL GENERAL PLAZA**

3.1 TITLE Change Addition

3.2 NAME **ONE NATIONAL GENERAL PLAZA**

3.3 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**

3.4 CITY-ST-ZIP **ONE NATIONAL GENERAL PLAZA**

4.1 TITLE Change Addition

4.2 NAME **ONE NATIONAL GENERAL PLAZA**

4.3 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**

4.4 CITY-ST-ZIP **ONE NATIONAL GENERAL PLAZA**

5.1 TITLE Change Addition

5.2 NAME **ONE NATIONAL GENERAL PLAZA**

5.3 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**

5.4 CITY-ST-ZIP **ONE NATIONAL GENERAL PLAZA**

6.1 TITLE Change Addition

6.2 NAME **ONE NATIONAL GENERAL PLAZA**

6.3 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**

6.4 CITY-ST-ZIP **ONE NATIONAL GENERAL PLAZA**

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, with all other like empowered.

SIGNATURE: Verne E. Purvines 3/30/99 314-493-8664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)