

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90014 007 \*\*\*150.00

**DOCUMENT # F94000003016**

1. Entity Name

**NATIONAL GENERAL ASSURANCE COMPANY**

Principal Place of Business

Mailing Address

**ONE NATIONAL GENERAL PLAZA  
 HAZELWOOD MO 63045  
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**43-1301482**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **KUSUMI, GARY Y**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **C/P/D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV**  Delete  
 NAME **HANRAHAN, KENNETH C**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **V/D**  Change  Addition  
 NAME **MILLER SCOTT F**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **DVS**  Delete  
 NAME **PURVINES, VERNE E**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVT**  Delete  
 NAME **HUNT, LESTER J**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **VD**  Change  Addition  
 NAME **BUSELMEIER BERNARD J**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **DP**  Delete  
 NAME **FOLEY, JOHN J**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **VT**  Change  Addition  
 NAME **BOLAR DONALD J**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **DV**  Delete  
 NAME **IRVING, JAMES T**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

TITLE **VD**  Change  Addition  
 NAME **URANKAR JOHN**  
 STREET ADDRESS **ONE NATIONAL GENERAL PLAZA**  
 CITY-ST-ZIP **HAZELWOOD MO 63045**

13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Verne E. Purvines February 10, 2000 314-493-8000**

Date

Daytime Phone #

CR2E034 (9/99)