

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90179 026 \*\*\*150.00

**DOCUMENT # F94000003016**

1. Entity Name  
**NATIONAL GENERAL ASSURANCE COMPANY**

Principal Place of Business  
**ONE NATIONAL GENERAL PLAZA**  
**HAZELWOOD MO 63045**  
**US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**500 WEST FIFTH STREET**

Suite, Apt. #, etc.

City & State  
**WINSTON-SALEM, NC**

4. FEI Number  
**43-1301482**

Applied For  
 Not Applicable

Zip  
**27152**

Country  
**US**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KUSUMI, GARY Y ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, SCOTT F ONE NATIONAL GENERAL PLAZA HAZELWOOD MD 63045	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PURVINES, VERNE E ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLAR, DONALD J ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URANKAR, JOHN ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSELMEIER, BERNARD J ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBPCEOD KUSUMI, GARY Y. 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Actuary Daniel C. Pickens 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS PURVINES, VERNE E. ONE NATIONAL GENERAL PLAZA HAZELWOOD, MO 63045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCAO BOLAR, DONALD J. ONE NATIONAL GENERAL PLAZA HAZELWOOD, MO 63045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCCOD URANKAR, JOHN ONE NATIONAL GENERAL PLAZA HAZELWOOD, MO 63045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPCFOD BUSELMEIER, BERNARD J. 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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: Sheena E. Poe, VP & Secretary 02/19/2002 (336) 770-2675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)