

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91886 017 \*\*\*150.00

0963504 AB

**DOCUMENT # F94000003016**

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



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

Mailing Address  
**500 W. FIFTH ST.  
WINSTON-SALEM NC 27152**

2. Principal Place of Business  
**One GMAC Insurance Plaza**

3. Mailing Address

Suite, Apt. #, etc.  
**(Street name change)**

Suite, Apt. #, etc.

City & State  
**Hazelwood, MO**

City & State

4. FEI Number  
**43-1301482**

Applied For  
Not Applicable

Zip  
**63045**

Country  
**USA**

Zip  
Country

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KUSUMI, GARY Y 500 W. 5TH ST. WINSTON-SALEM NC 27152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA PICKENS, DANIEL C 500 WEST FIFTH ST. WINSTON-SALEM NC 27152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS PURVINES, VERNE E ONE NAT'L GENERAL PLAZA HAZELWOOD MO 63045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCAO BOLAR, DONALD J ONE NAT'L GENERAL PLAZA HAZELWOOD MO 63045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC URANKAR, JOHN ONE NATIONAL GENERAL PLAZA HAZELWOOD MO 63045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BUSELMEIER, BERNARD J 500 W. 5TH ST. WINSTON-SALEM NC 27152	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEO D Kusumi, Gary Y One GMAC Insurance Plaza Hazelwood, MO 63045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CA D Pickens, Daniel C 500 West Fifth St. Winston-Salem, NC 27152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AS Purvines, Verne E GMAC Insurance Plaza Hazelwood, MO 63045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T CAO Bolar, Donald J. 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 D=C Claims, Policy Sales & Services Officer Urankar, John One GMAC Insurance Plaza Hazelwood, MO 63045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CFO D Buselmeier, Bernard J One GMAC Insurance Plaza Hazelwood, MO 63045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Sheena E. Poe Date **4/24/03** (336) 770-2675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)