FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 4:22

DOCUMENT # **842676** **(9)**

1. Corporation Name
NATIONAL ALLIANCE INSURANCE COMPANY

Principal Place of Business	Mailing Address
11960 WESTLINE INDUSTRIAL ST. LOUIS MO 63146	11960 WESTLINE INDUSTRIAL ST. LOUIS MO 63146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1979
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 58-1140651 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER & TREASURER
DEPARTMENT OF INSURANCE
LARSON BUILDING
TALLAHASSE FL 32399-7300

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name(s) changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	DP ☒ Change ☐ Addition
NAME	HUME, TED	12 NAME	3 ALL ELSE IS THE SAME.
STREET ADDRESS	11960 WESTLINE DR	13 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	PAGE, DONALD ADRIAN	22 NAME	
STREET ADDRESS	11960 WESTLINE DR	23 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	24 CITY-ST-ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	CATALANO, PETER JAMES	32 NAME	
STREET ADDRESS	11960 WESTLINE DR	33 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	T ☐ Change ☒ Addition
NAME	CHARPENTR, DONALD WRAY	42 NAME	JAMES RAY DETTING
STREET ADDRESS	11960 WESTLINE DR	43 STREET ADDRESS	11960 WESTLINE DR.
CITY-ST-ZIP	ST LOUIS MO	44 CITY-ST-ZIP	ST. LOUIS, MO
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	FORSYTH, JANICE CONDOURIS	52 NAME	THOMAS ARTHUR DONNELLY
STREET ADDRESS	11960 WESTLINE DR	53 STREET ADDRESS	11960 WESTLINE DR.
CITY-ST-ZIP	ST LOUIS MO	54 CITY-ST-ZIP	ST. LOUIS, MO
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	RISTAU, MICHAEL ROBERT	62 NAME	WILLIAM LANE JOHNSON
STREET ADDRESS	11960 WESTLINE DR	63 STREET ADDRESS	11960 WESTLINE DR.
CITY-ST-ZIP	ST LOUIS MO	64 CITY-ST-ZIP	ST. LOUIS, MO

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] PETER CATALAND, V.P. 1-12-95 (314) 542-2400
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Daytime Phone Number

FP