FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

NATIONAL ALLIANCE INSURANCE COMPANY

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

Mailing Address
11960 WESTLINE INDUSTRIAL
ST. LOUIS MO 63146

3. Date Incorporated or Qualified: **02/26/1979**
3a. Date of Last Report: **01/26/1995**

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

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: (Signature of Officer or Director) (Signature of New Registered Agent, if applicable) DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUME, TED		1.2 NAME		
STREET ADDRESS	11960 WESTLINE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, DONALD ADRIAN		2.2 NAME		
STREET ADDRESS	11960 WESTLINE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		2.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CATALANO, PETER JAMES		3.2 NAME		
STREET ADDRESS	11960 WESTLINE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OETTING, JAMES RAY		4.2 NAME		
STREET ADDRESS	11960 WESTLINE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DONNELLY, ARTHUR		5.2 NAME		
STREET ADDRESS	11960 WESTLINE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, WILLIAM LANE		6.2 NAME		
STREET ADDRESS	11960 WESTLINE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information signed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: PETER CATALANO 2-2-96 (314) 512 2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #