FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1998 8:00am

Secretary of State

Sendra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842676 (9) 1. Corporation Name NATIONAL ALLIANCE INSURANCE COMPANY Principal Place of Pusings					
Principal Place of Business Mailing Address 11980 WESTLINE INDUSTRIAL 11960 WESTLINE INDUSTRIAL ST. LOUIS MO 63146 ST. LOUIS MO 63146			STRIAL	\	
			· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS PRACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				02/26/1979	
	l Place of Business	2a. Mailing Address		4. FEI Number Applie	
21	pt. #, etc	Suite, Apt. #, etc.			pplicable
22	pt. #, e tc.	27 Soile, Apt. #, etc.		5. Certificate of Status Desired See Regul	
City & S	tale	City & State		Election Campaign Financing \$5.00 Ma	
23		28		Trust Fund Contribution Added to F	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intang	
24	25	29	30	Personal Property Tax due June 30. Yes	lo
	9. Name and Address of Curre NSURANCE COMMISSIONER & T		81 Name	10. Name and Address of New Registered Agent	
DEPARTMENT OF INSURANCE LARSON BUILDING TALLAHASSE FL 32399-7300 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute			83 84 City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Cod Corporation submits this statement for the purpose of shapping its re-	
office of agent. SIGNATURI	Signature, typed or printed name of registered by	2	s authorized by the co- Florida Statutes. OTE: Registered Agent signatur 13.	rporation's board of directors. I hereby accept the appointment as reg e required when reinstating) ADDITIONS/CHANGES TO ØFFICERS AND DIRECTORS IN	
TITLE	DP	DELETE	1,1 TITLE		Addition
NAME	HUME, TED		1.2 NAME	MICHAEL BERKLEY	
STREET ADDRES			1.3 STREET ADDRESS	11960 WESTLINE DR.	
CITY-ST-ZIP	ST LOUIS MO		1.4 CITY-ST-ZIP	ST. LOUIS, MO 63146 DIRECTOR Change [
TITLE	DV DOWN D ADDIAN	☐ DELETE	2.1 TITLE	DIRECTOR Change	Addition
NAME	PAGE, DONALD ADRIAN S 11960 WESTLINE DR		2.2 NAME	WINCHESTER F. HOTCHKISS, JR.	
STREET ADDRES	ST LOUIS MO		2.3 STREET ADDRESS	11960 WESTLINE DR.	
CITY-ST-ZIP TITLE	DVS	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	ST. LOUIS, MO 63146 VICE PRESIDENT Change	Addition
NAME	CATALANO, PETER JAMES		3.2 NAME	ROBORT FULLHER	_ Mudition
STREET ADDRES	AAAAA WEATURE DD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		3.4. CITY-ST-ZIP	ST. LOUIS MD 63146	
TITLE	D	DELETE	4.1 TITLE	ST. LOUS MO 63146 DIRECTOR Grange	Addition
NAME	DONNELLY, ARTHUR		4. 2 NAME	MERYL HARTZBAND	
STREET ADDRES			4.3 STREET ADDRESS	11760 WESTLINE DR.	
CITY-ST-ZIP	ST LOUIS MO		4.4 CITY-ST-ZIP	ST. LOWS, MO 63146	
TITLE	D	DELETE	5.1 TITLE	Change .	Addition
NAME	JOHNSON, WILLIAM LANE		5.2 NAME		
STREET ADDRES			5.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		5.4 CITY-ST-ZIP		
TITLE	My RESERVE	☐ DELĒTE	6.1 TITLE	☐ Change ☐	_] Addition
NAME		7	6.2 NAME		
STREET ADDRESS	s (13		6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		

14. 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 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 a place 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 a place that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I fu

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