

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90003 041 \*\*\*550.00

DOCUMENT # **842676**

1. Corporation Name

**NATIONAL ALLIANCE INSURANCE COMPANY**

5 85723-90003-41 3 \*



Principal Place of Business

**11960 WESTLINE INDUSTRIAL  
ST. LOUIS MO 63146**

Mailing Address

**11960 WESTLINE INDUSTRIAL  
ST. LOUIS MO 63146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/26/1979**

4. FEI Number

**58-1140651**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER & TREASURER  
DEPARTMENT OF INSURANCE  
LARSON BUILDING  
TALLAHASSEE 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUME, TED	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, DONALD ADRIAN	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	CATALANO, PETER JAMES	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BERELEY, MICHAEL	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO 63146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOTCHKISS, WINCHESTER F JR	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO 63146	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FULCHER, ROBERT	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO 63146	

1.1 TITLE	<b>V/T/S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Joseph Donald Williams</b>	
1.3 STREET ADDRESS	<b>11960 Westline Industrial DR</b>	
1.4 CITY-ST-ZIP	<b>St. Louis, MO 63146</b>	
2.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DONALD Joseph Goodenow</b>	
2.3 STREET ADDRESS	<b>11960 Westline Industrial</b>	
2.4 CITY-ST-ZIP	<b>St. Louis, MO 63146</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>William H.T. Bush</b>	
3.3 STREET ADDRESS	<b>11960 Westline Industrial</b>	
3.4 CITY-ST-ZIP	<b>St. Louis, MO 63146</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MERYL HARTZBAND</b>	
4.3 STREET ADDRESS	<b>11960 Westline Industrial</b>	
4.4 CITY-ST-ZIP	<b>ST. LOUIS, MO 63146</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Nikolas Antonopoulos</b>	
5.3 STREET ADDRESS	<b>11960 Westline Industrial</b>	
5.4 CITY-ST-ZIP	<b>ST. LOUIS, MO 63146</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WAYNE A. BOYSEN</b>	
6.3 STREET ADDRESS	<b>11960 Westline Industrial</b>	
6.4 CITY-ST-ZIP	<b>St. Louis, MO 63146</b>	

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 an attachment with an address.

SIGNATURE:

**JOSEPH DONALD WILLIAMS**

**7/1/99**

**314.542.7400**

CR2E034 (5/99)