

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842676

1. Entity Name

NATIONAL ALLIANCE INSURANCE COMPANY

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90046 018 ***150.00

Principal Place of Business

Mailing Address

11960 WESTLINE INDUSTRIAL
ST. LOUIS MO 63146

11960 WESTLINE INDUSTRIAL
ST. LOUIS MO 63146-3209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1140651

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☐ Delete
NAME	HUME, TED	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VTDS	☐ Delete
NAME	WILLIAMS, JOSEPH D	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL DR	
CITY-ST-ZIP	SAINT LOUIS MO 63146	
TITLE	VD	☒ Delete
NAME	GOODENOW, DONALD J	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL	
CITY-ST-ZIP	SAINT LOUIS MO 63146	
TITLE	D	☒ Delete
NAME	BUSH, WILLIAM H T	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL	
CITY-ST-ZIP	SAINT LOUIS MO 63146	
TITLE	D	☐ Delete
NAME	HOTCHKISS, WINCHESTER F JR	
STREET ADDRESS	11960 WESTLINE DR	
CITY-ST-ZIP	ST LOUIS MO 63146	
TITLE	D	☒ Delete
NAME	ANTONOPOULOS, NIKOLAS	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL	
CITY-ST-ZIP	SAINT LOUIS MO 63146	

TITLE	D	☐ Change ☒ Addition
NAME	WAYNE A. BOYSEN	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL DR	
CITY-ST-ZIP	ST. LOUIS, MO 63146	
TITLE	D	☐ Change ☒ Addition
NAME	ROBERT CLEMENTS	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL DR	
CITY-ST-ZIP	ST. LOUIS, MO 63146	
TITLE	D	☐ Change ☒ Addition
NAME	MERYL D. HARTZBAND	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL DR	
CITY-ST-ZIP	ST. LOUIS, MO 63146	
TITLE	D	☐ Change ☒ Addition
NAME	CAROLINE E. LOVELACE	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL DR	
CITY-ST-ZIP	ST. LOUIS, MO 63146	
TITLE	V	☐ Change ☒ Addition
NAME	JAMES F. MATTHEWS	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL DR	
CITY-ST-ZIP	ST. LOUIS, MO 63146	
TITLE	V	☐ Change ☒ Addition
NAME	STEPHEN C TARLETON	
STREET ADDRESS	11960 WESTLINE INDUSTRIAL	
CITY-ST-ZIP	ST. LOUIS, MO 63146	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted Hume 2/9/2000 314 542-2400

Date

Daytime Phone #

CR2E034 (9/99)