

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90129 013 ***150.00

DOCUMENT # 842676

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1140651**

Applied For

Not Applicable

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP HUME, TED 11960 WESTLINE DR ST LOUIS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDS WILLIAMS, JOSEPH D 11960 WESTLINE INDUSTRIAL DR SAINT LOUIS MO 63146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYSEN, WAYNE A 11960 WESTLINE INDUSTRIAL SAINT LOUIS MO 63146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENTS, ROBERT 11960 WESTLINE INDUSTRIAL SAINT LOUIS MO 63146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOTCHKISS, WINCHESTER F JR 11960 WESTLINE DR ST LOUIS MO 63146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTZBAND, MERYL D 11960 WESTLINE INDUSTRIAL SAINT LOUIS MO 63146	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Steve Adams 11960 Westline Industrial Dr St. Louis, MO 63146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT Joseph D. Williams 11960 Westline Industrial St. Louis, MO 63146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Thomas A. Donnelly 11960 Westline Industrial St. Louis, MO 63146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD A.J. Maijala 11960 Westline Industrial St. Louis, MO 63146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS John P. Cranley 11960 Westline Industrial St. Louis, MO 63146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVE DORAN 11960 WESTLINE INDUSTRIAL DR ST. LOUIS, MO 63146	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 1/11/01 314 542-2400

Date

Daytime Phone #

CR2E034 (10/00)